2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 413357

1. Entity Name

SANLAND DEVELOPMENT CORP.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90336 018 ***150.00

Principal Place of Business

4190 NW 135TH STREET OPA LOCKA, FL 33054

Mailing Address

4190 NW 135TH STREET OPA LOCKA, FL 33054



DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-1518574 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, IAN 4190 NW 135TH STREET OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity supmits this statement for the plons of registered agent.	urpose of changing its registere	ed office or registe	red agent, or t	both, in the State of Florid	da. I am famili	ar with, and accep
SIGNATURE,	Signature, typed or printed name of registered agent and title	d Agent signature required when reinstating) DATE					
FIL After M	E NOW!!!" FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.		.00 May Be ded to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, IAN 4190 NW 135TH STREET OPA LOCKA, FL 33054						· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MARITZA 4190 NW 135TH STREET OPA LOCKA, FL 33054			*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		•			
TITLE NAME	·						

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> IAU SAUCHEZ GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-04

Date

BOT 681-0417