


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 429657	
1. Entity Name SANDRA C. TINSLEY INC.	

Principal Place of Business 2660 BRICKELL AVENUE MIAMI, FL 33129	Mailing Address 2660 BRICKELL AVENUE MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

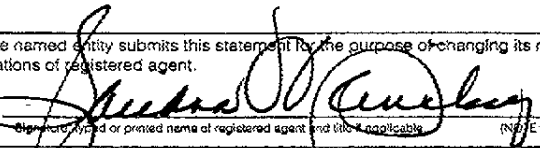
4. FEI Number 59-1476976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TINSLEY, SANDRA C.
SANDRA C. TINSLEY, INC.
2660 BRICKELL AVE.
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3-4-04**

Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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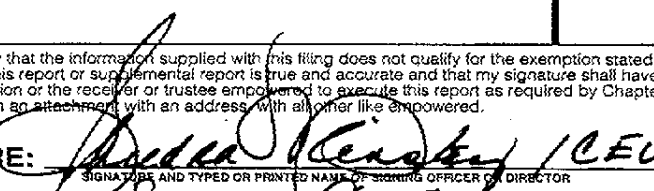
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TINSLEY, SANDRA C 2660 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALTER, MICHAEL E 2660 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, JAMES P. 2660 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

**U00000102399
04/05/04-80013-024 150.00**

12. I 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:  **3-25-04** **305-856-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #