

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 023 ***150.00

DOCUMENT # 574693 1. Entity Name SANDY CAY, INC.			
Principal Place of Business 918 NE 15TH AVE UNIT 1 FORT LAUDERDALE FL 33304 US		Mailing Address 918 NE 15TH AVE UNIT 1 FORT LAUDERDALE FL 33304 US	
2. Principal Place of Business - No P.O. Box # 3200 NE 38 ST Suite, Apt. #, etc.		3. Mailing Address 3200 NE 38 ST Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33308		Zip 33308	
Country USA		Country USA	
4. FEI Number 59-1883536		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROHAMMER, RONALD K. REV. 1160 NORTH FEDERAL HWY #218 FORT LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title, if applicable. (None Registered Agent and title required when non-binding)		DATE 2/28/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROHAMMER, RONALD K REV. 1160 NORTH FEDERAL HWY., #218 FORT LAUDERDALE FL 33301	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KVITTEM, BRADLEY M DR. 1500 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROHAMMER, RICHARD 3200 NE 38TH ST FORT LAUDERDALE FL 33308	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:		DATE: 3/26/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	