2005 FOR PROFIT CORPORATION

FILED Feb 14, 2005 08:00 AM

	ANNOAL	KEFOKI			aguatamy of Ctata
DOCUMENT # 693698 1. Entity Name				3	ecretary of State
	S K, SANDS, P.A.				
Principal Plac	e of Business	Mailing Address			
% DOUGLAS K SANDS		% DOUGLAS K SANDS			
300 COLORADO AVENUE STUART, FL 34994		300 COLORADO AVENUE Stuart, Fl. 34994			
JUNKI, IL	J7034	JOINT, 12 04004	<u> </u>		
}			·	02112005 No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
		ir kar Shighrithia. Talan i Talan		59-2101962	Not Applicable
1		Pipara ayang kabita		5. Certificate of Status Desire	d S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent			
SANDS. D	OUGLAS Ř			DO NOT	MOITE
300 COLO	RADO AVENUE				
STUARI,	FL 34994	•		IN THIS S	PACE
					Marian Maria Commercia Santa
	named entity submits this statement for	the purpose of changing its register	red office or register	ed agent, or both, in the State o	f Florida. I am familiar with, and accept
the obligat	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent a	nd trile if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	CATE
		0. 51-11-1 - 51-1	AF	20	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Selection Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	
10.	- OFFICERS AND D	DIRECTORS	· - · · · · · · · · · · · · · · · · · · ·		
TITLE	PD			, , , ,	
NAME STREET ADDRESS	SANDS, DOUGLAS K 300 COLORADO AVENUE			e ingger op in de grand en	•
CITY-ST-ZIP	STUART, FL		CONTRACTOR OF THE CASE OF THE		and the second
TITLE			*		00228472 5-80040-021 150.00
NAME STREET ADDRESS				U#7.1478	2-20040-051 120.00:
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TITLE			l		
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STREET ADDRESS] -	• •	
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TITLE					
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CITY-ST-ZIP		<u>, </u>	- The second second	Commence de aprende de la commence d	weet and a superior of the second
TITLE	}				

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 fusive 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.

THE AND THE OF PHINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP