


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 027 ***158.75

DOCUMENT # G41008

1. Entity Name
SANDICO, INC.



Principal Place of Business Mailing Address
 801 BRICKELL AVE, STE 1901 801 BRICKELL AVE, STE 1901
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address
2 Alhambra Plaza **2 Alhambra Plaza**

Suite, Apt. #, etc.
Penthouse II-B **Penthouse II-B**

City & State City & State
Coral Gables, FL **Coral Gables, FL**

Zip Country Zip Country
33134 **USA** **33134** **USA**



02262004 Chg-P CR2E034 (10/03)

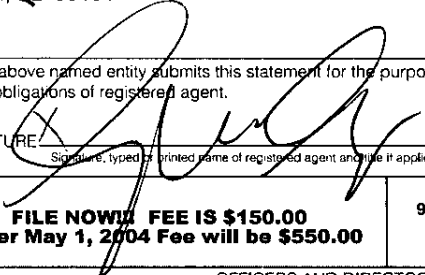
4. FEI Number Applied For
59-2294257 Not Applicable

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

6. Name and Address of Current Registered Agent
 SPENCER, THOMAS R JR.
 % SPENCER & KLEIN, P.A.
 801 BRICKELL AVENUE, SUITE 1901
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2 Alhambra Plaza
Penthouse II-B
 City State Zip Code
Coral Gables **FL** **33134**

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  **Thomas R. Spencer, Jr.** DATE

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. \$5.00 May Be Added to Fees

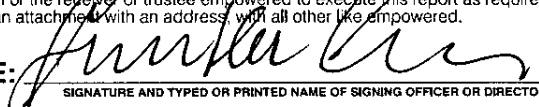
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEEN, GUNTHER	
STREET ADDRESS	1632 S. BAYSHORE CT.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEEN, KUNIGUNDE C	
STREET ADDRESS	1632 S. BAYSHORE CT.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kunigunde C. Steen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date: **Feb. 27 04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR