2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J56135

1. Entity Name
SANBAR ARABIANS, INC.

Principal Place of Business	Mailing Address
% BARTON S GOLDBERG 5969 N BAY RD MIAMI BEACH, FL 33140 US	5969 N BAY ROAD MIAMI BCH, FL 33140 US

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2769397	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BARTON S
5969 N BAY RD
MIAMI BEACH, FL 33140

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.   (NOTE Registered Agent signature required when reinstating)   DATE

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	PD
NAME	GOLDBERG, SANDRA J. M.
STREET ADDRESS	5969 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	ST
NAME	GOLDBERG, SANDRA J. M.
STREET ADDRESS	5969 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000001021
01/09/04-80025-003 150.00

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: _Sandra M Goldberg_   1-5-04   (305)868-9430

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