

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K78218

1. Entity Name
SANDLER & TRAVIS TRADE ADVISORY SERVICES, INC.



Principal Place of Business
**% THOMAS G. TRAVIS
5200 BLUE LAGOON DRIVE, SUITE #600
MIAMI, FL 33126**

Mailing Address
**% THOMAS G. TRAVIS
5200 BLUE LAGOON DRIVE, SUITE #600
MIAMI, FL 33126**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1356386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRAVIS, THOMAS G.
5200 BLUE LAGOON DR. #600
MIAMI, FL 33126**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TRAVIS, THOMAS G.
STREET ADDRESS	5200 BLUE LAGOON DR 600
CITY - ST - ZIP	MIAMI, FL
TITLE	TD
NAME	SANDLER, GILBERT LEE
STREET ADDRESS	5200 BLUE LAGOON DR 600
CITY - ST - ZIP	MIAMI, FL
TITLE	SVD
NAME	ROSENBERG, LEONARD L.
STREET ADDRESS	5200 BLUE LAGOON DR 600
CITY - ST - ZIP	MIAMI, FL
TITLE	P
NAME	SCHAEFFER, R
STREET ADDRESS	1300 EPNN AVE
CITY - ST - ZIP	WASHINGTON, DC 20004
TITLE	V
NAME	D' AMICO, ALFRED J
STREET ADDRESS	38345 WEST TEN MILE RD STE 200
CITY - ST - ZIP	FARMINGTON, MI 48335
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

01182005-80071-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard L. Rosenberg

1/21/05

Date

(305) 267-9200

Daytime Phone #