2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am **Secretary of State** DOCUMENT # L43513 1. Entity Name 03-02-2004 90023 036 ***150.00 SANDRA'S WASH, INC. Principal Place of Business Mailing Address 14905 SW 38 STREET 2750 WEST 68TH ST. 54014065 **MIAMI FL 33185** STE. #118 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business 745 East 4905 JU Suite, Apt. #, etc CR2E034 (11/03) MOORE City & State Applied For City & State High Eah 4. FEI Number 65-0169216 MIAMI. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33/85 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, AVEL Street Address (P.O. Box Number is Not Acceptable) 2688 SW 137 AVENUE **MIAMI FL 33175** 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Irene V. Sayegh Secretary Change TITLE **★** Addition TITLE □ Delete SAYEGH, RICARDO NAME NAME 14905 SW 345t 14905 SW 34 ST STREET ADDRESS STREET ADDRESS MIAMILFL 33185 MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP Claudia Sayegh. Treasur Change TITLE Addition TITLE ☐ Delete SAYEGH, NELSON NAME NAME 14905 SW 3 ST STREET ADDRESS STREET ADDRESS MIAMI-FL-33185 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition Ricardo Sayegh Allup NAME NAME STREET ADDRESS STREET ADDRESS 14905 5W 345t CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Vice Président Change ☐ Addition TITLE NAME NAME Telson Saurah Mande STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25,2004 (305) 229-2275

FILED