2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State

DOCUMENT # L67330 1. Entity Name SANDRA FISHER FOODS, INC.				FLOORING TO SERVICE TO	Secretary of Sta			
3429 GALT	ce of Business OCEAN DR. DALE, FL 33308 US	Mailing Address 3429 GALT OCEAN DR. FT. LAUDERDALE, FL 33308	US			Alāk altik elek alak	: 8101 110021 1101	
DO NOT WRITE IN THIS SPACE				02282007 No Chg-P CR2E034 (11/05) 4. FEI Number				
6. Name and Address of Current Registered Agent FISHER, SANDRA 1800 S. OCEAN BLVD. SUITE 509 POMPANO BEACH, FL 33062 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				DO NOT WRITE IN THIS SPACE In office or registered agent, or both, in the State of Florida. If am familiar with, and accept				
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agents				tured when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be dded to Fees				
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D FISHER, SANDRA #509, 1800 S OCEAN BLVD. POMPANO BEACH, FL	RECTORS			U0: 05/09.	00007313 /07-8000	28 1-002 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 alkather like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Davime Phone