## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Jun 30, 2004 8:00 am
Secretary of State
06.30.2004.00002.020.***550.00

DOCUMENT # L95762 SANAB INTERNATIONAL CORP. Principal Place of Business Mailing Address 54059322 980 N. FEDERAL HIGHWAY 980 N. FEDERAL HIGHWAY SUITE 412 **SUITE 412** BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 65-0223230 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOCH, STUART E ESQ. Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HIGHWAY **SUITE 412** BOCA RATON, FL 33432 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. Commence of the second second the state of the second The state of the s SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. RINCHUSE, A.M. TITLE TITLE ☐ Delete RINCUSE, AM 3370 BEAU RIVAGE DR., #M-4 NAME NAME 3370 BEEVRIVA GE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP ☐ Delete 1ITLF ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ" NAME edicerra in the ing the property of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Daytime Phone #