2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003520

1. Entity Name
S.A.N.E., INC.

Principal Place of Business	Mailing Address
1700 NORTH DIXIE HWY, SUITE 137 BOCA RATON, FL 33432	1700 NORTH DIXIE HWY, SUITE 137 BOCA RATON, FL 33432

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0683643
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASSIRMAN, ARNOLD
1700 NORTH DIXIE HWY
SUITE 137
BOCA RATON, FL 33432

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000533883
05/06/06-80140-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	ID
NAME	MASSIRMAN, ARNOLD
STREET ADDRESS	1700 NORTH DIXIE HWY SUITE 137
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DCPA
NAME	LEWINE, COREY
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY SUITE 430
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	ID
NAME	MASSIRMAN, JAY
STREET ADDRESS	777 BRICKELL AVE., SUITE 1000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Arnold Massirman 4/19/06 561-394-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #