

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003520

FILED
Jun 29, 2009
Secretary of State

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

Current Principal Place of Business:

1700 NORTH DIXIE HWY,
SUITE 113
BOCA RATON, FL 33432

New Principal Place of Business:

15300 JOG ROAD
SUITE 208
DELRAY BEACH, FL 33446

Current Mailing Address:

1700 NORTH DIXIE HWY,
SUITE 113
BOCA RATON, FL 33432

New Mailing Address:

15300 JOG ROAD
SUITE 208
DELRAY BEACH, FL 33446

FEI Number: 65-0683643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASSIRMAN, ARNOLD
1700 NORTH DIXIE HWY STE. 113
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

LEVINE, COREY E
15300 JOG ROAD, SUITE 208
DELRAY BEACH, FL 33446 US

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.

SIGNATURE: COREY E LEVINE

06/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASSIRMAN, ARNOLD
Address: 1700 N. DIXIE HWY. STE. 113
City-St-Zip: BOCA RATON, FL 33432

Title: DCPA () Delete
Name: LEVINE, COREY E
Address: 15300 JOG RD. STE. 208
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: MASSIRMAN, JAY
Address: 5275 HAMMOCK DR
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COREY E LEVINE

DCPA

06/29/2009

Electronic Signature of Signing Officer or Director

Date