

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90019 047 ***150.00

DOCUMENT # P00000001694

1. Entity Name
SANDLAND CORPORATION



Principal Place of Business
**181 CRANDON BLVD. #102
KEY BISCAVNE, FL 33149**

Mailing Address
**P.B. N 1629
P.O. BOX 025645
MIAMI, FL 33102-5645**

54037850



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALAZAR, LISETTE ESQ.
C/O ROBERTS & SALAZAR, L.L.P.
240 CRANDON BLVD, #266
KEY BISCAVNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABELLO, ALBERTO 181 CRANDON BLVD. #102 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLIS, BEATRIZ 181 CRANDON BLVD. #102 KEY BISCAVNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (202) 2767992

Date

Daytime Phone #