

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00**  
**Secretary of State**

<b>DOCUMENT # P00000001694</b> 1. Entity Name <b>SANDLAND CORPORATION</b>			
Principal Place of Business <b>181 CRANDON BLVD. #102 KEY BISCAVNE, FL 33149</b>		Mailing Address <b>P.B. N 1629 P.O. BOX 025645 MIAMI, FL 33102-5645</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SALAZAR, LISETTE ESQ. C/O ROBERTS &amp; SALAZAR, L.L.P. 240 CRANDON BLVD, #266 KEY BISCAVNE, FL 33149</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
		<b>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.</b>	
		SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Trust Fund Contribution. Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CABELLO, ALBERTO 181 CRANDON BLVD. #102 KEY BISCAVNE, FL 33149</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SOLIS, BEATRIZ 181 CRANDON BLVD. #102 KEY BISCAVNE, FL 33149</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<b>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.</b>			
<b>SIGNATURE:</b>  <b>ALBERTO CABELLO</b> <b>DIRECTOR</b> <b>1/12/05</b> <b>276-7992</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		U000000183692 01/19/05-80075-025 150.00 (202)	