

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000034279

1. Entity Name
SANA ENTERPRISES, INC.



Principal Place of Business
6227 S. DALE MABRY HWY
TAMPA, FL 33611

Mailing Address
6227 S. DALE MABRY HWY
TAMPA, FL 33611



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3639720

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERSAD, NARIE
2801 LA CONCHA DRIVE
CLEARWATER, FL 33762

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
PERSAD, NARIE
6227 S. DALE MABRY HWY
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
PERSAD, ANNIE
6227 S. DALE MABRY HWY
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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08/18/05-60001-005 150.00

**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)(b) of the Florida Statutes, and 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 I had signed it 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 609, 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

Date

Daytime Phone #

7/28/05

727-571-1618