
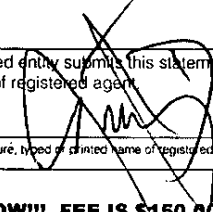
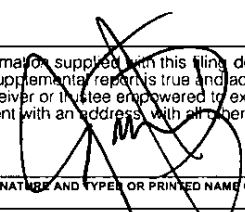


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90047 032 ***158.75

DOCUMENT # P00000055227 1. Entity Name G.M.N. SANDBLAST SERVICES, CORP.			
Principal Place of Business 3821 E 8TH CT HIALEAH, FL 33013		Mailing Address 3821 E 8TH CT HIALEAH, FL 33013	
2. Principal Place of Business - No P.O. Box # 3841 E 8 CT		3. Mailing Address 3841 E 8 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL.		City & State HIALEAH, FL.	
Zip 33013 Country MIAMI - DADE		Zip 33013 Country MIAMI - DADE	
4. FEI Number 65-1017995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UMANA, RIGOBERTO 3821 E 8 CT HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name UMANA Rigoberto D. Street Address (P.O. Box Number is Not Acceptable) 3841 E 8 CT City HIALEAH, FL. FL Zip Code 33013	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PT UMANA, RIGOBERTO 3890 W 11 LANE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT & TREASURER UMANA RIGOBERTO D. 3841 E 8 CT HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VPS OLIVA, MARLEN 3890 W 11 LANE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VICEPRESIDENT OLIVA MARLEN 3841 E 8 CT HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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 reports 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: 		Date 04/22/07 Daytime Phone #	