2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2008 8:00 am Secretary of State **DOCUMENT # P00000103765** 03-07-2008 90032 027 ***150.00 SANDCASTLE REALTY SOUTH, INC. Principal Place of Business Mailing Address 896 N FEDERAL HWY, 896 N FEDERAL HWY, 40040440 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # FEDERAL HAY 364/0 N. 640 N. FEDCLACHO 03032008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number HOUSC 58-2614945 Not Applicable Browsh d. \$8.75 Additional 5. Certificate of Status Desired 51 oward Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HELLMAN HELLMAN, FRED B Street Address (P.O. Box Number is Not Acceptable) 896 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 FedenAL 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 e of registered agent and title if applicable Signature, typed or painted (NOTE: Registered Agent eigneture required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P., TITLE ☐ Delete TITLE ☐ Addition HELLMAN, FREDERICK H NAME NAME STREET ADDRESS 2701 NORTH OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 tomas KALISKI U.P. Thange VΡ ☐ Delete TITLE Addition TITLE KALISKI, TOMAS NAME NAME STREET ADDRESS 55 MARIAN LANE STREET ADDRESS CITY-ST-ZIP JERICHO, NY 11753 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with 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 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. CICALATUDE.

FILED