


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 019 ***150.00

DOCUMENT # P01000083647 1. Entity Name SANSIBAR, INC.	
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Principal Place of Business 2000 TOWERSIDE TERRACE UNIT 1903 MIAMI, FL 33138	Mailing Address 2000 TOWERSIDE TERRACE UNIT 1903 MIAMI, FL 33138
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50062032



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0472301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESCRIBANO, DIEGO 2000 TOWERSIDE TERRACE UNIT 1903 MIAMI, FL 33138

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCRIBANO, DIEGO 2000 TOWERSIDE TERR., #1903 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESCRIBANO, OSCAR TOMAS 2000 TOWERSIDE TERR., #1903 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESCRIBANO, PABLO JULIAN 2000 TOWERSIDE TERR., #1903 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLARI-DE-ESCRIBANO, SARA 2000 TOWERSIDE TERR., #1903 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

08/15/05 (305) 989-0413
Date Daytime Phone #