

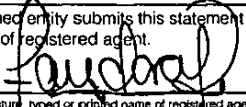
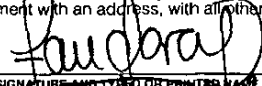


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90290 041 ***150.00

DOCUMENT # P01000095279					
1. Entity Name SANDOVAL INVESTMENTS CORPORATION					
Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021			Mailing Address 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 1000 S. Pointe Dr. Suite, Apt. #, etc. APT. 1703		3. Mailing Address 1000 S. Pointe Dr. Suite, Apt. #, etc. APT. 1703			
City & State MIAMI BEACH		City & State MIAMI BEACH		4. FEI Number 03-0518899	
Zip 33139		Country MIAMI, DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSE, MARK E. ESQ. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name FRAYA SANDOVAL Street Address (P.O. Box Number is Not Acceptable) 1000 S. Pointe Dr. Apt. 1703 City MIAMI BEACH FL Zip Code 33139	
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  DATE 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	PSD SANDOVAL, REINA 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 S. Pointe Dr. Apt. 1703 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDOVAL, REINA 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021		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	
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 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: 			Date 4/21/04 Daytime Phone #		