2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # P0200008426 1. Entity Name SARDINAS AGENCY, INC.				01-23-2004 90042 027 ***158.75				
CANDINAC ACENCT, INC.	tage (
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Principal Place of Business .	Mailing Address							
7017 TAFT STREET HOLLYWOOD, FL 33024	7017-TAFT STREET HOLLYWOOD, FL 330)24						<u> </u>
	er and bus topes are	2						
2. Principal Place of Business	3. Mailing Address	ng Address				AN CON COUNTY		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·		01132004	Chg-P	CR2E0	34 (10/03)	r.
City & State	City & State	City & State		4. FEI Numb			/	oplied For ot Applicable
Zip Country	Zip	Count	ry	5. Certificate	of Status Desired	12	\$8.75 Ad Fee Require	
6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and	Address of New	Registered /		The state of the s
2155,0145,055,016	To be a service of the service of th	• '	Name				***************************************	
SARDINAS, SERGIO 15005 SW 50TH CT DAVIE, FL 33331	NE OF T		Street Address	(P.O. Box Numb	er is Not Acceptat	ole)		······································
DAVIE, LE 00001	479.9				***************************************		*****	
	The same of the sa		City			FL	Zip Cor	le
8. The above named entity submits this statement	for the purpose of changing it	is registere	d office or registe	red agent, or bo	oth, in the State of I		amiliar with	and accept
the obligations of registered agent.		•	J	3				
SIGNATURE	boffM"							
Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signature require	d when reinstating)	r	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campa D.00 Trust Fund Con			.00 May Be led to Fees				
	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE DP NAME SARDINAS, SERGIO	Delete 🗆 Delete	TITLE					Change	Addition
STREET ADDRESS 15005 SW 50TH CT	A Second	#	T ADDRESS					
CITY-ST-ZIP DAVIE, FL 33331	e de la regional de l		ST-ZIP	**************************************				
TITLE	Delete	TITLE					Change	Addition
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CITY-ST-ZIP		B	ST-ZIP					
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CITY-ST-ZIP		B	ST-ZIP	•				
DITLE	☐ Delete	TITLE			***		Change	Addition
NAME		NAME	- 1					
STREET ADDRESS CHY-ST-ZIP		8	T ADDRESS ST-ZIP					
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CITY-ST-ZIP	***************************************	CITY-	ST-ZIP	************				\$
TITLE	☐ Delete	TITLE					Change	C Addition
NAME CYDEST ADDRESS		NAME						
STREET ADDRESS CITY-ST-ZIP			T ADDRESS ST-ZIP					
12 Thereby certify that the information supplied w	with this filing does not muslify for	or the ever	notion stated in Se	ection 119 07(3)	(i) Florida Statutes	I further cert	ify that the i	ntormation
indicated on this report or supplemental report of the corporation or the receiver or trustee en	is true and accurate and that	my signat	ure shall have the	same legal effe	ct as if made unde	r oath; that I a	m an office	r or director
of the corporation of the receiver of trustage en changed, or on an attachment with an addres	s, with all other like empowered	d.	en ny Chapter on	r, i iuriua Siailili	us, and macmy na	ne appears it	FEIGER TO D	i DIOCK I I II
CICNATURE:	/// '			/	120/04	(954)	1924	-9290
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	ÖR		Date	C / 1:/	avtime Phone #	