


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 045 ***150.00

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| DOCUMENT # P02000008426 |  |
| 1. Entity Name SARDINAS AGENCY, INC. | |

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| Principal Place of Business 6365 TAFT STREET #1005 HOLLYWOOD, FL 33024 | Mailing Address 6365 TAFT STREET #1005 HOLLYWOOD, FL 33024 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 12566 Pines Blvd. | 3. Mailing Address 12566 Pines Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|------------------------------------|------------------------------------|
| City & State Rembroke Pines, FL | City & State Rembroke Pines, FL |
| Zip 33027 | Zip 33027 |
| Country US | Country US |



01312007 Chg-P CR2E034 (12/06)

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|--|-------------------------------|
| 4. FEI Number 90-0003044 | 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 SARDINAS, SERGIO 15005 SW 50TH CT DAVIE, FL 33331 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

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|---|---|
| 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 | DP SARDINAS, SERGIO 15005 SW 50TH CT DAVIE, FL 33331 <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 |
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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/16/07 9544430823
Daytime Phone #