2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT #_P02000016532 Feb 15, 2005 08:00 AM 1. Entity Name **Secretary of State** SANDOVAL GROUP CORPORATION Mailing Address Principal Place of Business 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER FL 34429 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER FL 34429 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3618018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDOVAL, JULIO R Street Address (P.O. Box Number is Not Acceptable) 522 N. AFTÉR-GLOW CIRCLE CRYSTAL RIVER FL 34429 City 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 titlu if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change ☐ Addition SANDOVAL, JULIO R U00000230683 02/15/05-80052-019 150.00 NAME NAME 522 N. AFTER-GLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY - ST- ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition SANDOVAL, ANNA STREET ADDRESS 522 N, AFTER-GLOW CIRCLE STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-7IP THILE ☐ Delete THE ☐ Change ☐ Addition NAME SANDOVAL, EVA JULIA NAME STREET ADDRESS 522 N. AFTER-GLOW CIRCLE STREET ADORESS CITY-ST-ZIP CITY-ST-7IP CRYSTAL RIVER FL 34429 VD TITLE ☐ Delete TITLE Change ☐ Addition SANDOVAL, ANDRES NAME NAME 522 N. AFTER-GLOW CIRCLE STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34429** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THILE Change ☐ 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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR