
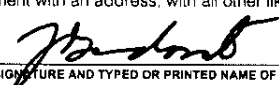


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90057 017 \*\*\*150.00

<b>DOCUMENT # P02000016532</b>					
<b>1. Entity Name</b> SANDOVAL GROUP CORPORATION					
<b>Principal Place of Business</b> 1817 W. WATROUS AVE. TAMPA, FL 33606			<b>Mailing Address</b> 1817 W. WATROUS AVE. TAMPA, FL 33606		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3618018	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SANDOVAL, JULIO R 1817 WATROUS AVE TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> SANDOVAL, JULIO R	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Sandoval, Julio R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 522 N. AFTER-GLOW CIRCLE	CRYSTAL RIVER, FL 34429		<b>STREET ADDRESS</b> 1817 W. WATROUS AVE	Tampa, FL 33606	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER, FL 34429		<b>CITY-ST-ZIP</b>	Tampa, FL 33606	
<b>TITLE</b> STD	<b>NAME</b> SANDOVAL, ANNA	<input type="checkbox"/> Delete	<b>TITLE</b> STD	<b>NAME</b> Sandoval, Anna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 522 N. AFTER-GLOW CIRCLE	CRYSTAL RIVER, FL 34429		<b>STREET ADDRESS</b> 1817 W. WATROUS AVE	Tampa, FL 33606	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER, FL 34429		<b>CITY-ST-ZIP</b>	Tampa, FL 33606	
<b>TITLE</b> VP	<b>NAME</b> SANDOVAL, EVA JULIA	<input type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Sandoval, Eva Julia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 522 N. AFTER-GLOW CIRCLE	CRYSTAL RIVER, FL 34429		<b>STREET ADDRESS</b> 1817 W. WATROUS AVE	Tampa, FL 33606	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER, FL 34429		<b>CITY-ST-ZIP</b>	Tampa, FL 33606	
<b>TITLE</b> VD	<b>NAME</b> SANDOVAL, ANDRES	<input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Sandoval, Andres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 522 N. AFTER-GLOW CIRCLE	CRYSTAL RIVER, FL 34429		<b>STREET ADDRESS</b> 1817 W. WATROUS AVE	Tampa, FL 33606	
<b>CITY-ST-ZIP</b>	CRYSTAL RIVER, FL 34429		<b>CITY-ST-ZIP</b>	Tampa, FL 33606	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> 			Julio R. Sandoval		2/8/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P02000016532

1. Entity Name  
SANDOVAL GROUP CORPORATION



Principal Place of Business  
1817 W. WATROUS AVE.  
TAMPA, FL 33606

Mailing Address  
1817 W. WATROUS AVE.  
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-3618018

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SANDOVAL, JULIO R  
1817 WATROUS AVE  
TAMPA, FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANDOVAL, JULIO R  
STREET ADDRESS 522 N. AFTER-GLOW CIRCLE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE STD  
NAME SANDOVAL, ANNA  
STREET ADDRESS 522 N. AFTER-GLOW CIRCLE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VP  
NAME SANDOVAL, EVA JULIA  
STREET ADDRESS 522 N. AFTER-GLOW CIRCLE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VD  
NAME SANDOVAL, ANDRES  
STREET ADDRESS 522 N. AFTER-GLOW CIRCLE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

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 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:

*Julio R. Sandoval*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07

Date

352-212-8742

Daytime Phone #