2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029834

1. Entity Name
SANCHEZ & AFFILIATES, INC.

Principal Place of Business	Mailing Address
3910 EAST COLUMBUS DR. TAMPA, FL 33558	3910 EAST COLUMBUS DR. TAMPA, FL 33558

DO NOT WRITE IN THIS SPACE

03302007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
75-3028080		Not Applicable

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

6. Name and Address of Current Registered Agent

HYDE PARK ACCOUNTANTS, PA
2305 MORRISON AVE.
TAMPA, FL 33629

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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

00000075738B
05/23/07-80070-004 150.00

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	P
NAME	SANCHEZ, RAMON H
STREET ADDRESS	4417 GULFWINDS DR.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	V
NAME	SANCHEZ, JULIE A
STREET ADDRESS	4417 GULFWINDS DR.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/30/07   (813) 598-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #