


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90013 015 \*\*\*150.00

<b>DOCUMENT # P03000015755</b>	
1. Entity Name <b>SANDY SUKHRAM REAL ESTATE SALES INC</b>	

Principal Place of Business <b>2434 SW COOPER LN PORT ST LUCIE, FL 34984</b>	Mailing Address <b>2434 SW COOPER LN PORT ST LUCIE, FL 34984</b>
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2. Principal Place of Business <b>3672 SW KARIN ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>3672 SW KARIN ST</b> Suite, Apt. #, etc.
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City & State <b>PORT ST LUCIE FL</b>	City & State <b>PORT ST LUCIE FL</b>
Zip <b>34953</b>	Country <b>USA</b>
Zip <b>34953</b>	Country <b>USA</b>



01232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>SUKHRAM, GOUTAMI 2434 SW COOPER LN PORT ST LUCIE, FL 34984</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Goutami Sukhram  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SUKHRAM, GOUTAMIE 2434 SW COOPER LN PORT SAINT LUCIE, FL 34984</b> <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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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

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: Goutami D Sukhram  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR