


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | | |
|--|----------------------------|---|
| DOCUMENT # P03000015755 | |  |
| 1. Entity Name SANDY SUKHRAM REAL ESTATE SALES INC | | |
| Principal Place of Business 3672 SW KARIN ST PORT SAINT LUCIE, FL 34953 | | Mailing Address 3672 SW KARIN ST PORT SAINT LUCIE, FL 34953 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SUKHRAM, GOUTAMI 2434 SW COOPER LN PORT ST LUCIE, FL 34984 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| 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 | | |
| TITLE | P | |
| NAME | SUKHRAM, GOUTAMIE | |
| STREET ADDRESS | 2434 SW COOPER LN | |
| CITY- ST- ZIP | PORT SAINT LUCIE, FL 34984 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| 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: <u>Goutamie Sukhram</u> | | 1/24/2007 772-342-6104 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |



01242007 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 04-3753024 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U000000609084
02/01/07-80036-011 150.00

**DO NOT WRITE
IN THIS SPACE**