## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000026359

Entity Name: H. SARDINAS ENTERPRISES, INC

FILED Nov 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6217 SW 131 PLACE 50 MENORES AVE

APT #202 APT #720

MIAMI, FL 33183 CORAL GABLES, FL 33134 US

**Current Mailing Address:** New Mailing Address:

6217 SW 131 PLACE 50 MENORES AVE

APT #202 APT #720 MIAMI, FL 33183

CORAL GABLES, FL 33134 US

FEI Number: 51-0476314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SARDINAS, HENRY SARDINAS, HENRY 50 MENORÉS AVE 6217 SW 131 PLACE APT #202 APT #720

MIAMI, FL FL US CORAL GABLES, FL 33134 US

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.

SIGNATURE: HENRY SARDINAS 11/30/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SARDINAS, HENRY SARDINAS, HENRY Name: Name: 6217 SW 131 PLACE #202 Address: 50 MENORES AVE #720 Address: City-St-Zip: MIAMI, FL 33183 US City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: HENRY SARDINAS 11/30/2005