2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000035324

1. Entity Name

SANY'S NJ DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

16186 SW 86 TERRACE MIAMI, FL 33193 16186 SW 86 TERRACE MIAMI, FL 33193

FILED May 10, 2007 8:00 am Secretary of State

05-10-2007 90023 012 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 40-0070034

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERAMENDI, SANY 16186 SW 86 TERRACE MIAMI, FL 33193

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<u> </u>				
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				
		Election Campaign Finant Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	. - .
10.	OFFICERS AND DIR	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, SANY 16186 SW 86 TERRACE MIAMI, FL 33193			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VENEROS, NELLY J 16186 SW 86 TERRACE MIAMI, FL 33193			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERAMENDI, SANY 16186 SW 86 TERRACE MIAMI, FL 33193		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN *	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
ITTLE 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				

indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Plottad Statutes. Former 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/6 + Daytime Ph