## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 30, 2006 8:00 am **Secretary of State** DOCUMENT # P03000036205 01-30-2006 90057 036 \*\*\*150.00 SANDRA INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address **UUUUUUU** 10741 SW 31ST ST 10741 SW 31ST ST MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1877874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADIAL, JOSE I CPA DO NOT WRITE 999 PONCE DE LEON BLVD STE 715 CORAL GABLES, FL 33165 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. SIGNATUR\_\_\_\_\_Signature, typeo or printed name of registered agent and falle in applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MLE DPT SABUGO, MAURO NAME STREET ADDRESS 10741 SW 31ST ST CITY-ST-ZIP MIAMI, FL 33165 DVS TITLE NAME SABUGO, SONIA 10741 SW 31ST ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

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.

Date

Devtime Phone #

NG OFFICER OR DIRECTOR

REMATURE AND TYPED OR PRINTED NAME OF SIGN

FILED