2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P03000049082 Feb 15, 2007 08:00 AM 1. Entity Name **Secretary of State** SANDOLLAR SERVICES INCORPORATED Principal Place of Business Mailing Addross 7921 NW 3RD PL. PLANTATION FL 33324 7921 NW 3RD PL. PLANTATION FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 86-1059027 Not Applicable Zip Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ROSTOCK, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 7921 NW 3RD PL. PLANTATION FL 33324 Zip Code FL 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, typad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reducted when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition DILE ☐ Delete mu: ROSTOCK, BRIAN R 1100000637949 NAME 7921 NW 3RD PL. 02/27/07-80009-023 150.00 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-S1-7IE CITY+ST-7/P ☐ Change Addition ШЦ Delete mus. NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition TITLE Defete ma NAMI; NAMO STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-70 Detete Change ☐ Addition 111111 IIILE NAM NAME STREEL ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP Defete ☐ Change Addition HILE 11711 NAMI NAME SIFEET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP mu Defete HILL Change Addition NAMI NAME: STREET ADDRESS STREET ADDRESS CUTY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the examptions contained in Section 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 logal effect as if made under eath, 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 attact years with an address, with all other tike empowered.

954-650.9719