

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90001 048 ***163.75

DOCUMENT # P03000065399

1. Entity Name

SANFRE ENTERPRISES, INC.



Principal Place of Business

**50 SE 12TH ST.
APT 268
BOCA RATON, FL 33432**

Mailing Address

**50 SE 12TH ST.
APT 268
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



05272008 No Chg-P CR2E034 (11/05)

4. FEI Number

37-1469873

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, W. FRED
50 SE 12TH ST.
APT # 268
BOCA RATON, FL 33432**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME COOK, SANDRA L
STREET ADDRESS 50 SE 12TH STREET, APT. 268
CITY-ST-ZIP BOCA RATON, FL 33432**

**TITLE V
NAME COOK, W FRED
STREET ADDRESS 50 SE 12TH ST., APT. 268
CITY-ST-ZIP BOCA RATON, FL 33432**

**TITLE TS
NAME COOK, W FRED
STREET ADDRESS 50 SE 12TH ST., APT. 268
CITY-ST-ZIP BOCA RATON, FL 33432**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-2008

Date

561-391-0557

Daytime Phone