

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 043 ***150.00

DOCUMENT # P03000111281 1. Entity Name SANDRO, INC.					
Principal Place of Business 14770 SW 56 STREET MIAMI, FL 33185			Mailing Address 14770 SW 56 STREET MIAMI, FL 33185		
2. Principal Place of Business 16341 S.W. 54 TERRACE		3. Mailing Address 16341 S.W. 54 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 33-1072097	
Zip 33185		Country MIAMI DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FABIAN, RAFAEL ESQ RAFAEL FABIAN PA 10281 SW 72ND STREET SUITE 106 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name RICARDO HIDALGO Street Address (P.O. Box Number is Not Acceptable) 16341 S.W. 54 TERRACE City MIAMI FL Zip Code 33185			
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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HIDALGO, RICARDO 14770 SW 56 STREET MIAMI, FL 33185 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16341 S.W. 54 TERRACE MIAMI, FL 33185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FONTAINE, SANDRA 14770 SW 56 STREET MIAMI, FL 33185 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16341 S.W. 54 TERRACE MIAMI, FL 33185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Ricardo Hidalgo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	