


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90161 001 \*\*\*300.00

DOCUMENT # P03000116818	
1. Entity Name WHITE SAND HOLDINGS, INC.	

Principal Place of Business 4890 SW 85 ST MIAMI, FL 33143 <i>The Gatehouse</i> <i>18302 NW 68 Ave</i> <i>Miami FL 33015</i>	Mailing Address 4890 SW 85 ST MIAMI, FL 33143
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66002368



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1035655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SALAS, RAUL E 6333 SUNSET DR S MIAMI, FL 33143
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, ALVARO 4890 SW 85 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SANCHEZ, BLANCA 4890 SW 85 ST MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alvaro Sanchez ALVARO SANCHEZ DP 2/16/05 305-219-9959  
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #