


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000120489</b>		
1. Entity Name <b>SANCHEZ ENTERPRISES, INC.</b>		
Principal Place of Business <b>15235 BANJO DRIVE HUDSON, FL 34667 US</b>	Mailing Address <b>15235 BANJO DRIVE HUDSON, FL 34667 US</b>	



07252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0338738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>USACCOUNTING OFFICE, INC. 417 W. JEFFERSON STREET BROOKSVILLE, FL 34601</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 restate) DATE \_\_\_\_\_

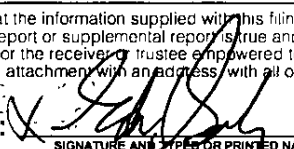
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ II, GORDON 15235 BANJO DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000573399  
08/04/06-80006-010 150.00

**DO NOT WRITE 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:  **7-25-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #