



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90016 012 ***150.00

DOCUMENT # P03000140852 1. Entity Name SANDOR EXPORT IMPORT, INC.																													
Principal Place of Business 44 PALM CIRCLE DR LAKE ALFRED, FL 33850			Mailing Address 44 PALM CIRCLE DR LAKE ALFRED, FL 33850																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number Chg-P CR2E034 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BEJDOVA, DANA 1925 ARBOR LAKES CIR SANFORD, FL 32771																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 re-registering) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS																										
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.																										
10. OFFICERS AND DIRECTORS (continued) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SANDOR, ANTONIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>44 PALM CIRCLE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE ALFRED, FL 33850</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	SANDOR, ANTONIN		STREET ADDRESS	44 PALM CIRCLE DR		CITY-ST-ZIP	LAKE ALFRED, FL 33850		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-2004