


FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90122.009 ***158.75

DOCUMENT # P04000010490

1. Entity Name
SANCTUARY GARDENS CORPORATION



Principal Place of Business
16469 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

Mailing Address
16469 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

NUNEZ, JORGE JR
16469 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent
Name
NUNEZ, JORGE, JR
Street Address (P.O. Box Number is Not Acceptable)
14708 73RD ST. NORTH
City
LOXAHATCHEEFLZip Code
33470

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 reappointing) 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
TITLE PD
NAME NUNEZ, JORGE JR
STREET ADDRESS 16469 SOUTHERN BLVD.
CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE VD
NAME CORRALES, DAISY O
STREET ADDRESS 16469 SOUTHERN BLVD.
CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS 14708 73RD ST. NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE
NAME
STREET ADDRESS 16426 VELAZQUEZ BLVD
CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
03-14-2006 (561) 753-7575