


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000048414 1. Entity Name SANFERRU HOME SYSTEMS CORP.	
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Principal Place of Business 12758 NW 98 COURT HIALEAH GARDENS, FL 33018 US	Mailing Address 12758 NW 98 COURT HIALEAH GARDENS, FL 33018 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3787659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, RAUL
12758 NW 98 COURT
HIALEAH GARDENS, FL 33018**

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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/26/08-80062-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, RAUL 12758 NW 98 COURT HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, NIDIA M 12758 NW 98 COURT HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, NIDIA M 12758 NW 98 COURT HIALEAH GARDENS, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **02-13-08 (305) 820-8908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #