2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 15, 2005 8:00 am Secretary of State

ANNOAL REPORT							, Secretary of State					
DOCUI 1. Entity Nam SANOLUI	е	# P04000078				08-15-2005	_					
Principal Place of Business Mailing Address						50001						
190 N.W. SP/	anish Rive	R BLVD.	190 N.W. SPANISH RIVER BLVD.				50061443					
SUITE 201			SUITE 201									
BOCA RATON	l, FL 3343°	1	BOCA RATON, FL 33	BOCA RATON, FL 33431			l IBENEEL IN	88M PIBN BEIN BBIN BBIN	. PRIN 1888)	INITE 18181 BILL BE	()(YE) (1 PE)	
9 Principal P	land of Buck	2000	3. Mailing Address									
2. Principal Place of Business			3. Maining Address				al ii aia i aa ii al ii al ii					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08092005	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Number	er - 1139116			pplied For ot Applicable	
Zip		Country	Zip	ntry	5. Certificate of Status Desired St. \$8.75			\$8.75 Add	ditional			
			<u> </u>	,	ree nequieu					id		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 300				Over Address (1.0. Box Number is Not Acceptable)								
MIAM!, FL	33131											
				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 acceptate obligations of registered agent.											and accept	
CIONATURE												
SIGNATURE												
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Fi Due by September 7, 2005 Trust Fund Contribution							.00 May Be led to Fees					
10. OFFICERS AND			DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					S IN 11		
TITLE	☐ Delete				E	P, D □ Change ☑ A						
NAME					SAM GOLASTEIN							
STREET ADDRESS					EET ADDRESS	706J KEGENCY CI						
CITY-ST-ZIP			(-ST-ZIP									
TITLE NAME			☐ Delete	TITL	1	V,	5, D	. 4		Change	Addition	
STREET ADDRESS				NAN STR	EET ADDRESS	·	· //(RMAN A LI	IMPER	: 7		
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NAME				NAN	IE	V		ous P Ros			_	
STREET ADDRESS					EET ADDRESS			DRRIS LANE				
CITY-ST-ZIP				CITY	(-ST-ZIP		OYJT	ER BAY CO	ive_	NY 117	7/	
TITLE NAME			☐ Delete	TITL NAN	I	V,	,	KENT R KL	UTH	Change	Addition	
STREET ADDRESS					EET ADDRESS		15	776 Cypres	IS Cre	ek Lane	<u>,</u>	
CiTY-ST-ZIP					-ST-ZIP			ellington, 1				
TITLE			☐ Delete	tiri	E					☐ Change	Addition	
NAME				NAM	1			•				
STREET ADDRESS					EET ADDRESS							
City-St-Zip				CITY	/-ST-ZiP							
TITLE			☐ Delete	TITL	E					☐ Change	Addition	

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 pulse like grippowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

LOUIS PROSS, TIESS 8/9/05 (5/6)267-7202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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