2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

	DOCUMEN 1. Entity Name SANOLUKE DU	T # P0400011453 BLIN INC.	31				08-15-200	05 90077	005 ***:	558.75
	Principal Place of Busin 190 NW SPANISH RIV SUITE 201 BOCA RATON, FL 334	ER BLVD.	Mailing Address 190 NW SPANISH RIVER SUITE 201 BOCA RATON, FL 33431			1 (8 8 (8 9) () ()	BONI BIBN ASIN BUNK I		6144	6
2. Principal Place of Business		usiness 3	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		•	08092005	Chg-P	CR2E	034 (10/03)
	City & State		City & State			4. FEI Numbe	-14820	259	⊢	Applied For Not Applicable
	Zip	Country	Zip	Country		<u>.</u>	of Status Desired		\$8.75 A Fee Requi	
ŀ	6. Na	me and Address of Current Reg	istered Agent	<u> </u>		7. Name and	Address of New	Registered	Agent	
l	INTRACTATE DE	CICTEDED ACENT CODE	ODATION	Name						
	701 BRICKELL AV	GISTERED AGENT CORF /ENUE	ORATION	Street A	ddress (P.O. Box Numbe	r is Not Acceptal	ple)		
ļ	MIAMI, FL 33131									
l				City				FI	Zip Co	 ode
Ī	The above named e the obligations of re	ntity submits this statement for the gistered agent.	purpose of changing its re	egistered office or	r register	ed agent, or bot	n, in the State of	Florida. I am	n familiar wit	h, and accept
l	OLONIATURE	<i>*</i>								
	SIGNATURESignature, to	rped or printed name of registered agent and to	tle if applicable. (NOTE:	Registered Agent signati	nte tednited	when reinstating)		DATE		
t										
		VIII FEE IS \$550.00 September 7, 2005	Election Campaig Trust Fund Contril			00 May Be ed to Fees			. ,	
		•	Trust Fund Contril	bution.		ed to Fees	CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 11
	Due by S	eptember 7, 2005	Trust Fund Contril		Add	ed to Fees ADDITIONS/	CHANGES TO O			
	10.	eptember 7, 2005	Trust Fund Contril	oution.		ed to Fees ADDITIONS/			ID DIRECTO	
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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	eptember 7, 2005	Trust Fund Contril	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, C	ADDITIONS/	Goldst S Regen L Raton	ein cy ct. , FL.	□ Change	Addition
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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 ther like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

evis P. Ross, Trais

8/10/05

516-267-720

Daytime Phone