2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90053 019 ***158.75

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1. Entity Name
SANOLUKE DUBLIN INC.

Principal Place of Business	Mailing Address
190 NW SPANISH RIVER BLVD. SUITE 201 BOCA RATON, FL 33431	190 NW SPANISH RIVER BLVD. SUITE 201 BOCA RATON, FL 33431

03012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	525 Hempstead Turnpike Suite, Apt. #, etc.
City & State	West Hempstead, New York
Zip / Country	11552 / USA

4. FEI Number 20-1482059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, SAM		NAME		
STREET ADDRESS	4865 REGENCY CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LAMPERT, NORMAN A		NAME		
STREET ADDRESS	10 WILLOW RD		STREET ADDRESS		
CITY-ST-ZIP	WOODSBORGH, NY 11598		CITY-ST-ZIP	Woodsburgh, New York 11598	
TITLE	VT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROSS, LOIS P		NAME	Louis P. Ross	
STREET ADDRESS	2 MORRIS LANE		STREET ADDRESS		
CITY-ST-ZIP	OYSTER BAY, NY 11771		CITY-ST-ZIP	Oyster Bay Cove, New York 11771	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KLUTH, KENT R		NAME		
STREET ADDRESS	15776 CYPRESS CREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Louis P Ross Treasurer 3/8/06 (516)267-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #