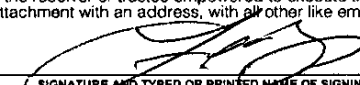


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 019 ***158.75

DOCUMENT # P04000114531 1. Entity Name SANOLUKE DUBLIN INC.					
Principal Place of Business 190 NW SPANISH RIVER BLVD. SUITE 201 BOCA RATON, FL 33431			Mailing Address 190 NW SPANISH RIVER BLVD. SUITE 201 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address SAS Hempstead Turnpike Suite, Apt. #, etc.			
City & State _____		City & State West Hempstead, New York		4. FEI Number 20-1482059	
Zip 11552		Country USA		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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, SAM 4865 REGENCY CT BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAMPERT, NORMAN A 10 WILLOW RD WOODSBORGH, NY 11598	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROSS, LOIS P 2 MORRIS LANE OYSTER BAY, NY 11771	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLUTH, KENT R 15776 CYPRESS CREEK LANE WELLINGTON, FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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 3/15/06 (516) 267-7202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					