

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 013 ***150.00

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1. Entity Name

SANOLUKE DUBLIN INC.



Principal Place of Business

190 NW SPANISH RIVER BLVD.
SUITE 201
BOCA RATON FL 33431

Mailing Address

525 HEMPSTEAD TURNPIKE
WEST HEMPSTEAD NY 11552
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

190 NW SPANISH RIVER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33431

USA

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/08

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME GOLDSTEIN, SAM
STREET ADDRESS 4865 REGENCY CT
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME LAMPERT, NORMAN A
STREET ADDRESS 10 WILLOW RD
CITY-ST-ZIP WOODSBURGH NY 11598 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME ROSS, LOUIS P
STREET ADDRESS 2 MORRIS LANE
CITY-ST-ZIP OYSTER BAY COVE NY 11771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME KLUTH, KENT R
STREET ADDRESS 915 SALT WATER CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/25/08