
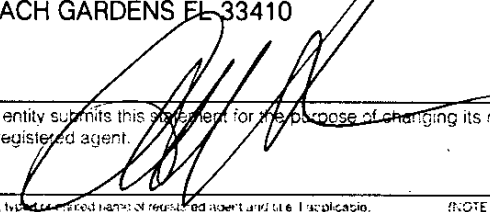
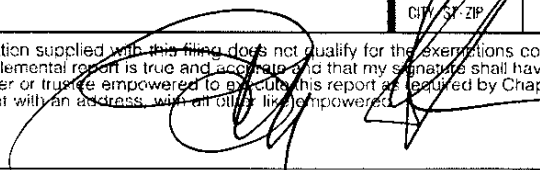


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-02-2008 90127 029 ***150.00

DOCUMENT # P04000126120			
1. Entity Name SANOLUKE FREMONT 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	
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	33431	USA
4. FEI Number 20-1582612		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410		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	
		3/20/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when constituting)	
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
After May 1, 2008 Fee Will Be \$550.00			
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	GOLDSTEIN, SAM	NAME	
STREET ADDRESS	4865 REGENCY CT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	LAMPERT, NORMAN A	NAME	
STREET ADDRESS	10 WILLOW RD	STREET ADDRESS	
CITY-ST-ZIP	WOODSBURGH NY 11598	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	ROSS, LOUIS P	NAME	
STREET ADDRESS	2 MORRIS LANE	STREET ADDRESS	
CITY-ST-ZIP	OYSTER BAY COVE NY 11771	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	KLUTH, KENT R	NAME	
STREET ADDRESS	915 SALT WATER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with an officer like empowered.			
SIGNATURE:		DATE	
		3/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name	