

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90013 041 \*\*\*150.00

DOCUMENT # P05000001700

1. Entity Name  
SAN-MAN LAND, INC



Principal Place of Business  
15223 SW 138 TERRACE  
MIAMI, FL 33196 US

Mailing Address  
15223 SW 138 TERRACE  
MIAMI, FL 33196 US

50001134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2116026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JEANETTE, SANCHEZ  
15223 SW 138 TERRACE  
MIAMI, FL 33196

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 title if applicable

(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

TITLE P ☐ Delete  
NAME SANCHEZ, JEANETTE  
STREET ADDRESS 15223 SW 138 TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE VP ☐ Delete  
NAME SANCHEZ, JOSE JR  
STREET ADDRESS 15223 SW 138 TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE VP ☐ Delete  
NAME KLEINMAN, GREG  
STREET ADDRESS 15223 SW 138 TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE VP ☐ Delete  
NAME KLEINMAN, DEBBIE  
STREET ADDRESS 15223 SW 138 TERRACE  
CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-06

Date

(305)

252-2075

Daytime Phone #