

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90053 017 \*\*\*158.75

<b>DOCUMENT # P05000045430</b>					
<b>1. Entity Name</b> SANOLUKE NEVADA INC.					
<b>Principal Place of Business</b> 190 N W SPANISH RIVER BLVD STE 201 BOCA RATON, FL 33431			<b>Mailing Address</b> 190 N W SPANISH RIVER BLVD STE 201 BOCA RATON, FL 33431		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 525 Hempstead Turnpike			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> West Hempstead, New York		<b>4. FEI Number</b> 20-2568548	
<b>Zip</b>		<b>Zip</b> 11552		<b>Country</b> USA	
<b>6. Name and Address of Current Registered Agent</b> INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			Louis A. Rossi Treasurer 3/13/06 516 6722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		