## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 09, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P05000086838** SANDRA & MITZIE, INC. Principal Place of Business Mailing Address 11090 S MILITARY TRAIL 11090 S MILITARY TRAIL BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 CR2E034 (11/05) No Chg-P 04042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3823182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FRIEDMAN, MARC 8634 NW 59TH PLACE PARKLAND, FL 33067 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) *11000000696060* 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KURTZER, SANDRA NAME STREET ADDRESS 11090 S MILITARY TRAIL CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE TAUBER, MIRIAM NAME STREET ADDRESS 11090 S MILITARY TRAIL CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the empowered.

STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP