

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 010 ***150.00

DOCUMENT # P05000123899	
1. Entity Name SANPA REPAIRS AND MAINTENANCE CORPORATION	



40062117



Principal Place of Business 625 SW 9TH STREET #6 MIAMI, FL 33130	Mailing Address 625 SW 9TH STREET #6 MIAMI, FL 33130
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2. Principal Place of Business - No P.O. Box # 8932 SW 142 Ave # 804	3. Mailing Address 8932 SW 142 Ave # 804
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City & State Miami, FL	City & State Miami, FL
Zip 33186	Country USA

04132007 Chg-P CR2E034 (12/06)

4. FEI Number 35-2660064	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOROR, SANDRO 625 SW 9TH STREET #6 MIAMI, FL 33130	
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7. Name and Address of New Registered Agent	
Name 8932 SW 142 Ave	
Street Address (P.O. Box Number is Not Acceptable) # 804	
City Miami	FL Zip Code 33186

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 <i>Sandro Boror</i>	DATE 4/13/07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME BOROR, SANDRO	
STREET ADDRESS 625 SW 9TH STREET #6	
CITY-ST-ZIP MIAMI, FL 33130	
TITLE V	<input type="checkbox"/> Delete
NAME COJON, PAULINA	
STREET ADDRESS 625 SW 9TH STREET #6	
CITY-ST-ZIP MIAMI, FL 33130	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 8932 SW 142 Ave # 804	
STREET ADDRESS Miami, FL 33186	
CITY-ST-ZIP Miami, FL 33186	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 8932 SW 142 Ave # 804	
STREET ADDRESS Miami, FL 33186	
CITY-ST-ZIP Miami, FL 33186	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sandro Boror</i>	DATE: 4/13/07	DAYTIME PHONE: 305-2441374
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