2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State
03-28-2006 90136 025 ***150.00

DOCUMENT # P05000161906

1. Entity Name
SUN AND SAND, INC.

Principal Place of Business	Mailing Address
2274 WILTON DRIVE WILTON MANORS FL 33305	2274 WILTON DRIVE WILTON MANORS FL 33305

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2201 N. Dixie Hw	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors	City & State
Zip: 33305 Country: USA	Zip Country

4. FEI Number 20-3931970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 ____________________
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PSD NAME: DAVIS, KEVIN STREET ADDRESS: 2274 WILTON DRIVE CITY-ST-ZIP: WILTON MANORS FL 33305	☐ Delete	☒ Change ☐ Addition 2201 N. Dixie Hwy Wilton Manors, FL 33305
TITLE: VTD NAME: MICHAELS, ERIC A STREET ADDRESS: 2274 WILTON DRIVE CITY-ST-ZIP: WILTON MANORS FL 33305	☐ Delete	☒ Change ☐ Addition 2201 N. Dixie Hwy Wilton Manors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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 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] 3-15-06 954-523-1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #