2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000120803

1. Entity Name
SANCHEZ, INC.

Principal Place of Business	Mailing Address
12260 SW 214 ST. MIAMI, FL 33177	12260 SW 214 ST. MIAMI, FL 33177

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06042008   Chg-P   CR2E034 (12/06)

4. FEI Number: 20-5575238   Applied For / Not Applicable

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
ROSALES, LEIDIANA 12260 SW 214 ST. MIAMI, FL 33177	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 $550.00
Due by September 12, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP		Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		Change	Addition
	PD	ROSALES, LEIDIANA	12260 SW 214 ST.	MIAMI, FL 33177		☐						☐	☐
						☐						☐	☐
						☐						☐	☐
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						☐			TS. 8/5/0r			☐	☐
						☐						☐	☐

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   Date   Daytime Phone #