## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P06000137420** 04-16-2007 90093 036 \*\*\*150.00 1. Entity Name SANCHEZ INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 345 WEST 64 STREET 345 WEST 64 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 64 Street 345 West 6424rect 345 West Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 22-3948943 Hialeah HILLIERH Not Applicable Country USA Zip 3 \$8.75 Additional 5. Certificate of Status Desired 3012 A2U 3012 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Enter prise INC. Luternatio SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 64 345 West MIAMI, FL 33145 Ctreet Zip Code 33012 Hial eah 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 residen SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTO TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANCHEZ, EDUARDO A NAME NAME 345 WEST 64 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE SANCHEZ, ANA C NAME NAME STREET ADDRESS STREET ADDRESS 345 WEST 64 STREET HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TIΠE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING

Eduardo A. Sanchez Prosident 4,