

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092588

Entity Name: SANDRECOM BUSINESS CORP

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

11761 S ORANGE BLOSSOM TRAIL  
A  
ORLANDO, FL 32837 US

## New Principal Place of Business:

## Current Mailing Address:

11761 S ORANGE BLOSSOM TRAIL  
A  
ORLANDO, FL 32837 US

## New Mailing Address:

FEI Number: 26-3546472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAFETY BUSINESS LLC  
6220 S ORANGE BLOSSOM TRAIL  
603  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LYRA, SALOMAO C  
Address: AV BOA VIAGEM 5740, APT 1702 B. VIAGEM  
City-St-Zip: RECIFE, PE 50020 BR

Title: DVP ( ) Delete  
Name: MONTEIRO, FABIO  
Address: 1204 IVI MEADOW DR  
City-St-Zip: ORLANDO, FL 32824 US

Title: DS ( ) Delete  
Name: RAMOS ANDRE, JOSE MANUEL S  
Address: 1724 PEREGRINE FALCONS WAY APT 205  
City-St-Zip: ORLANDO, FL 32837 US

Title: DT ( ) Delete  
Name: ANDRE, FELIPE E  
Address: 11761 S ORANGE BLOSSOM TRAIL, STE A  
City-St-Zip: ORLANDO, FL 32837 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIO MONTEIRO

DVP

04/30/2009

Electronic Signature of Signing Officer or Director

Date