

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000092588

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SANDRECOM BUSINESS CORP

**Current Principal Place of Business:**

5293 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

**Current Mailing Address:**

5293 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 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  
604  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** VD  
**Name:** RAMOS ANDRE, JOSE MANUEL S  
**Address:** 1648 PEREGRINE FALCONS WAY APT 205  
**City-St-Zip:** ORLANDO, FL 32837 US

**Title:** DT  
**Name:** ANDRE, FELIPE E  
**Address:** 1724 PEREGRINE FALCONS WAY APT 205  
**City-St-Zip:** ORLANDO, FL 32837 US

I hereby 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 all other like empowered.

**SIGNATURE:** FELIPE E ANDRE

DT

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date