2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

DOCUMENT# P09000095881

Entity Name: SANDS 5465, INC.

Current Principal Place of Business:

5930 NW 99 AVENUE
UNIT 4
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

5930 NW 99 AVENUE
UNIT 4
DORAL, FL 33178 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIARRETTA, ADELINA
5930 NW 99TH AVENUE
UNIT 4
DORAL, FL 33178 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: DPT
Name: SCIARRETTA, ADELINA
Address: 5930 NW 99 AVENUE, UNIT 4
City-St-Zip: DORAL, FL 33178 US

Title: S
Name: SCIARRETTA, PATRICIA
Address: 5930 NW 99 AVENUE UNIT 4
City-St-Zip: DORAL, FL 33178 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: ADELINA SCIARRETTA DPT 03/01/2012

Electronic Signature of Signing Officer or Director Date