
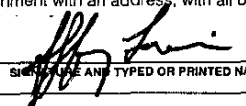


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90016 015 ***150.00

DOCUMENT # P94000008197 1. Entity Name SANDLER ENTERPRISES, INC.																																																																																																									
Principal Place of Business 1555 NORTH PARK DR SUITE 101 WESTON, FL 33326 US			Mailing Address 1555 NORTH PARK DRIVE SUITE 101 WESTON, FL 33326 US																																																																																																						
2. Principal Place of Business 21170 N. E. 22nd Court Suite, Apt. #, etc.			3. Mailing Address 21170 N. E. 22nd Court Suite, Apt. #, etc.																																																																																																						
City & State Miami, Florida			City & State Miami, Florida																																																																																																						
Zip 33180		Country USA		4. FEI Number 65-0466081																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																					
6. Name and Address of Current Registered Agent ROSEN, LAWRENCE N 21170 NE 22 CT N. MIAMI BEACH, FL 33180																																																																																																									
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>																																																																																																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANDLER, HARVEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1555 NORTH PARK DR. SUITE 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33326</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANDLER, PHYLLIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1555 NORTH PARK DR. SUITE 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33326</td> <td></td> </tr> <tr> <td>TITLE</td> <td>FP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEVINE, JEFFREY M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1555 NORTH PARK DR. SUITE 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33326</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21170 N. E. 22nd Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, Florida 33180</td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21170 N. E. 22nd Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, Florida 33180</td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21170 N. E. 22nd Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, Florida 33180</td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	SANDLER, HARVEY		STREET ADDRESS	1555 NORTH PARK DR. SUITE 101		CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		TITLE	S	<input type="checkbox"/> Delete	NAME	SANDLER, PHYLLIS		STREET ADDRESS	1555 NORTH PARK DR. SUITE 101		CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		TITLE	FP	<input type="checkbox"/> Delete	NAME	LEVINE, JEFFREY M		STREET ADDRESS	1555 NORTH PARK DR. SUITE 101		CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	21170 N. E. 22nd Court	CITY-ST-ZIP	Miami, Florida 33180	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	21170 N. E. 22nd Court	CITY-ST-ZIP	Miami, Florida 33180	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	21170 N. E. 22nd Court	CITY-ST-ZIP	Miami, Florida 33180	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Jeffrey M. Levine <div style="float: right; text-align: right;"> 1/17/04 954-389-7100 <small>Date Daytime Phone #</small> </div>																																																																																																									