2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000074865

1. Entity Name
SKI & SAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
4937 S.W. 75 AVE. MIAMI, FL 33155	4937 S.W. 75 AVE. MIAMI, FL 33155

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07012006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1325268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOOS, EDMUND O III,ESQ
100 W. CYPRESS CREEK ROAD
TRADE CENTRE SOUTH, SUITE 700
FORT LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD000057587I
09/01/06-80004-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALONSO, LUIS
STREET ADDRESS	4937 S.W. 75 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	ALONSO, HILDA
STREET ADDRESS	4937 S.W. 75 AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #