

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000053911

Entity Name: SANHER CORPORATION

FILED
Oct 04, 2005
Secretary of State

Current Principal Place of Business:

10600 NW SOUTH RIVER DR
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

10600 NW SOUTH RIVER DR
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 65-0761845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, AMADO D
10600 NW SOUTH RIVER DR
MEDLEY, 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: PD () Delete
Name: HERNANDEZ, AMADO D
Address: 2650 S 72 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: HERNANDEZ, LEIDY
Address: 2650 S 72 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: VD (X) Delete
Name: SANCHEZ, RODOLFO
Address: 10780 SW 67 DRIVE
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Delete
Name: SANCHEZ, ANAVELA
Address: 10780 SW 67 DRIVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, AMADO D
Address: 13598 SW 21 ST
City-St-Zip: MIRAMAR, FL 33027

Title: SD (X) Change () Addition
Name: HERNANDEZ, LEIDY
Address: 13598 SW 21 ST
City-St-Zip: MIRAMAR, FL 33027

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 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 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: AMADO HERNANDEZ

P

10/04/2005

Electronic Signature of Signing Officer or Director

Date