FILED Jun 04, 2004 8:00 am Secretary of State 06-04-2004 90003 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

		ARRUAL	REPURI					00-04-200	4 9000 3 0	4/ ****1;	50.00	
DOCUMENT # P98000036388 1. Entity Name SANS MARINA, INC.												
Principal Place of Business Mailing Address									-	4050	HA A	
3208 N.E. 10TH STREET			3208 N.E. 10TH STREET						5	4056	704	
POMPANO BE	EACH, FE' 3	3062 US	POMPANO BEACH, FL.	33062	US			II a. Kaii aa ii bah bah	Farier ille bliat	l Milli i Bibi i Bi	3001 H J201	
2. Principai Pl	lace of Busin	ness	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.			- Suite, Apt. #, etc.	- Suite, Apt. #, etc.			06012004	Chg-P	CR2E034	(10/03)		
City & State	e		City & State				4. FEI Number 65-0833	 096			plied For t Applicable	
Zip	<u> </u>	Country	Zip	Zip Country			Certificate of Status Desired					
	Registered Agent	-1			7. Name and A	ddress of New R						
					Name							
WOLLAND, FRANK 12865 W. DIXIE HIGHWAY					Street Address (P.O. Box Number is Not Acceptable)							
NORTH M	IAMI, FL	33161 ***										
							FL Zip Code					
		ty submits this statement for itered agent.	r the purpose of changing its	register	ed office or I	registere	d agent, or both	, in the State of Fig	orida. I am fa	miliar with,	and accept	
v (110 Obligat	iona on regia	itorou agent										
SIGNATURE												
	Signature, types	d or printed nume of registered agent a	and title if applicable. (NOT)	Registere	Apant signatur	re required v	when reinstating)		DATE			
FILE NOWIH FEE IS \$150.00 9. Election Campaign Finar Trust Fund Contribution.					ncing	\$5.0 Adde	00 May Be d to Fees	In accordance v	with s. 607.1 not receive	93(2)(b), the prior (F.S., the notice.	
10. OFFICERS AND DIRECTORS							ADDITIONS	HANGES TO OFF	OCEDO AND O	JIBECTOR	C IN 11	
Trite	P	OFFICERS AND	Delete	11.	. [ADDITIONS/C	CHANGES TO OFF		Change	Addition	
NAME		BENITTA		NAM						Change	L_3 Addition	
_STREET ADDRESS				■			W. Randolph St., Suite 701					
CITY-ST-ZIP	CHICAG	O, IL 60601		СПУ			ago, IL 606					
TITLE	vs T		☐ Delete	πL						☐ Change	Addition	
NAME	DOBROF	SKY, STEVEN R		NAM	E							
STREET ADDRESS	3208 N.E			ET ADDRESS			•					
CITY-ST-ZIP	POMPAN	O BEACH, FL 33062			-ST-ZIP		•					
TITLE NAME			☐ Deleta	TITL	- 1					Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE	†	· / ····	☐ Delete	TITL	ΕΕ					☐ Change	Addition	
NAME				NAM								
STREET ADDRESS				STR	ET ADDRESS							
CITY-ST-ZIP	<u> </u>	- 		ÇITY	-ST-ZIP		<u> </u>					
TYTLE			☐ Delete	tm	E					Change	Addition	
NAME				NAM	-							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-zip							
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NAME	ļ			NAM	- i							
STREET ADDRESS					EET ADDRESS						÷	
CITY-ST-ZIP	<u></u>				'-ST-ZIP	L						
12. Thereby indicated	certify that to Jion this repo	ort or supptemental report is	n this filing does not qualify to s true and accurate and that i	nıy signa	ture shall ha	ave the s	ame_legal elleci	as it made under	oath; that I a	n an office	r or director	
of the cor	rporation or	the receiver or trustee empe	owered to execute this report	as redu	red by Cha	wter 607	, Florida Statutes	: and that my har	te appears in	Block 10 c	or Block 11 if	

Vice Paridet

06/01/04 954-782-7849