2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000060505

1. Entity Name
FLORIDA SANITAS, INC.

Principal Place of Business	Mailing Address
6625 MIAMI LAKES DR 226 MIAMI LAKES, FL 33014 US	6625 MIAMI LAKES DR 226 MIAMI LAKES, FL 33014 US

08132008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0872903	Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAFANE, GERARDO
6625 MIAMI LAKES DR
SUITE 226
MIAMI LAKES, FL 33014

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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

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

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HARB, FRANK
STREET ADDRESS	6625 MIAMI LAKES DR STE 226
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	V
NAME	VILLAFANE, GERARDO
STREET ADDRESS	6625 MIAMI LAKES DR STE 226
CITY-ST-ZIP	MIAMI LAKES, FL 33014
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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08/29/08-80002-004 150.00

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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

8/25/08   305-989-6631
Date   Daytime Phone #