2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059108

13543 DOUBLE TREE TRL.

WELLINGTON, FL 33414

Address: City-St-Zip: FILED Apr 29, 2008 Secretary of State

							_	
Entity Nar	ne: L. SAI	NCHEZ & DAU	GHTERS, INC.					
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
2880 B RD LOXAHAT		33470						
Current Mailing Address:				New Mailing Address:				
2880 B RD LOXAHAT		33470						
FEI Number:	65-0938308	FEI Numbe	er Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
CLARK, DO 912 N 21S FT. PIERC	T STREET	50 US						
The above in the State			statement for the p	ourpose of changing	its registe	ered office or registered agent, or bo	oth,	
SIGNATUR	RE:							
	Elec	tronic Signature	e of Registered Age	ent		Date		
Election Car	npaign Finar	ncing Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete LIVIA F JBLE TREE TRL. ON, FL 33414		Title: Name: Address: City-St-Zip:	2880 B F	(X) Change () Addition Z, LIVIA F ROAD TCHEE, FL 33470		
Title: Name: Address: City-St-Zip:		() Delete ALICIA JBLE TREE TRL. ON, FL 33414		Title: Name: Address: City-St-Zip:	2880 B F	(X) Change () Addition Z, ALICIA RD TCHEE, FL 33470		
Title: Name:	D SANCHEZ,	() Delete JOHANNA		Title: Name:	D SANCHE	(X) Change () Addition Z, JOHANNA		

Title: () Delete Title: (X) Change () Addition SANCHEZ, CRYSTAL SANCHEZ, CRÝSTAL Name: Name: 13543 DOUBLE TREE TRL. 2880B ROAD Address: Address: WELLINGTON, FL 33414 LOXAHATCHEE, FL 33470 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

2880 B RD

LOXAHATCHEE, FL 33470

SIGNATURE: LIVIA F SANCHEZ D 04/29/2008