


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # S02441 1. Entity Name SANDY SILVER, INC.	
---	---

Principal Place of Business 2669 FOREST HILL BLVD STE 108 W. PALM BCH, FL 33406	Mailing Address 2669 FOREST HILL BLVD STE 108 W. PALM BCH, FL 33406 US
---	--



02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0217172	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

CHILDS, SUSAN 756 CAMINO LKS CIR BOCA RATON, FL 33486
--

**DO NOT WRITE
IN THIS SPACE**

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)

U000000341557
04/29/05 00024 014 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHILDS, SUSAN 1250 SW 21ST LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LABARBERA, JOANNE 101 CRICKET HILL CIR. PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LABARBERA, NICHOLAS 1605 SW 20TH AVE, BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/14/05 561-394-9008