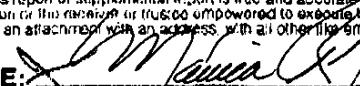


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90112 048 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S70906		
1. Entity Name SANITAS, INC.		
Principal Place of Business 7700 NW 54TH ST. MIAMI, FL 33166		Mailing Address 7700 NW 54TH ST. MIAMI, FL 33166
DO NOT WRITE IN THIS SPACE		
		04262006 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0333950		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUIZ, MONICA 7700 NW 54TH STREET MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE
8. This 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 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SUAREZ, ANA MARIA 7700 NW 54TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD RUIZ, MONICA 7700 NW 54TH ST. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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: 		4/27/05 (305) 5979161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone