


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 331595
 1. Entity Name
 SANDELET, INC.



Principal Place of Business: 7027 W BROWARD BLVD, BOX 233, PLANTATION, FL 33317
 Mailing Address: 7027 W BROWARD BLVD, BOX 233, PLANTATION, FL 33317



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1279862
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, WILLIAM M
 7027 W BROWARD BLVD
 BOX 233
 PLANTATION, FL 33317

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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: _____ (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

TITLE	V
NAME	SMITH, TERRANCE D
STREET ADDRESS	111 HANA HIGHWAY., #106
CITY - ST - ZIP	KAHULUI, HI
TITLE	P
NAME	SMITH, WILLIAM M
STREET ADDRESS	7027 W BROWARD BLVD., #233
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	ST
NAME	MEDEIROS, SANDRA
STREET ADDRESS	14109 S.W. 79TH ST.
CITY - ST - ZIP	ARCHER, FL 32618
TITLE	V
NAME	SMITH, EARL
STREET ADDRESS	1424 KENNEDY COURT
CITY - ST - ZIP	BOULDER, CO 80303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 fees empowered.

SIGNATURE: *William M Smith* Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #