2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M60904

Entity Name: SASICO INC

2124 NE 123 ST #203

MIAMI, FL 33181

Address: City-St-Zip: FILED Apr 19, 2006 Secretary of State

y rea					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2124 N.E. SUITE 203 MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
2124 N.E. SUITE 203 MIAMI, FL					
FEI Number	: 65-0007969	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
GANEM, S 2124 NE 1 MIAMI, FL	23 ST #203				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () SAAB, NISREE 2124 NE 123 S MIAMI, FL 331	T #203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SAL, DANIEL 2124 NE 123S MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P () GANEM, SAL) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE: SAL GANEM P 04/19/2006