

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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**FILED**

2012 NOV -7 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007519

1. Entity Name

SARASOTA INVESTMENT AND TRADING  
CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

11 BAYMONT ST (FLORIDA)

Suite, Apt. #, etc.

APT. 1001

3. Mailing Address

11 BAYMONT ST.

Suite, Apt. #, etc.

APT 1001

City & State

CLEARWATER BEACH

City & State

CLEARWATER BEACH.

Zip

33767

Country

USA

Zip

33767

Country

USA

4. FEI Number

65-0476992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (5/07)

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7. Name and Address of Current Registered Agent

Name

GAMILA S. IBRAHIM

Street Address (P.O. Box Number is Not Acceptable)

11 BAYMONT ST.

APT. 1001

City

CLEARWATER BEACH

FL

Zip Code

33767

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	IBRAHIM M. IBRAHIM
STREET ADDRESS	11 BAYMONT ST. APT. 1001
CITY - ST - ZIP	CLEARWATER BEACH, FL. 33767
TITLE	V. PRESIDENT
NAME	GAMILA S. IBRAHIM
STREET ADDRESS	11 BAYMONT ST. APT. 1001
CITY - ST - ZIP	CLEARWATER BEACH, FL. 33767
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400241607604  
11/08/12--01002--001 \*\*485.00

400241607604  
09/12/12--01008--011 \*\*100.00

**DO NOT WRITE  
IN THIS SPACE**

NOV 8 2012

T. LEWIS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gamila S. Ibrahim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/2012

Date

941 966 1590

Daytime Phone #