

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 259941

1. Entity Name
SASON REALTY, INC.



Principal Place of Business
**1550 NE MIAMI GARDENS DR
STE 410
N MIAMI BEACH, FL 33179 US**

Mailing Address
**1550 NE MIAMI GARDENS DR
STE 410
N MIAMI BEACH, FL 33179 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0989110

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUDOWSKY, BENJAMIN
1550 NE MIAMI GARDENS DR
STE 410
N. MIAMI BCH., FL 33179**

**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)

000000455534

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/15/06-80061-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SIMMONS, IVAMAE
STREET ADDRESS	PO BOX 59213
CITY-ST-ZIP	NASSAU, BAHAMAS,
TITLE	TD
NAME	BAIN, ANITA
STREET ADDRESS	P.O. BOX 59213
CITY-ST-ZIP	NASSAU, BAHAMAS,
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 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 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

Date

Daytime Phone #