

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90145 032 ***150.00

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 MAIMI GARDENS DR
STE 410
N MIAMI BEACH FL 33179
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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 SD
NAME SIMMONS, IVAMAE ☒ Delete
STREET ADDRESS PO BOX 59213
CITY- ST- ZIP NASSAU, BAHAMAS

TITLE TD
NAME BAIN, ANITA ☒ Delete
STREET ADDRESS P.O. BOX 59213
CITY- ST- ZIP NASSAU, BAHAMAS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Change ☐ Addition
NAME ~~PORTIA~~ SMITH, PORTIA
STREET ADDRESS P.O. BOX 59213
CITY- ST- ZIP NASSAU

TITLE TD ☒ Change ☐ Addition
NAME BERYN NEELEY
STREET ADDRESS P.O. BOX 59213
CITY- ST- ZIP NASSAU, BAHAMAS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ☒

Beryn Neeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-MAR-2007 (242) 502-8822
Date Daytime Phone #