

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 043 ***150.00

DOCUMENT # 353663					
1. Entity Name SASON APTS. CORP.					
Principal Place of Business 220 PENN STREET 1B BROOKLYN, NY 11211			Mailing Address 220 PENN STREET 1B BROOKLYN, NY 11211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03072006 Chg-P CR2E034 (11/05)				4. FEI Number 59-1443902	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISS, GITU 229 36TH STREET APT. 1 MIAMI BEACH, FL 33140			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, ERNEST L		NAME		
STREET ADDRESS	229 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTZ, IRVING		NAME	MARVIN BINIK	
STREET ADDRESS	229 36TH ST (REAR)		STREET ADDRESS	229 36TH ST. (REAR)	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, GITU		NAME		
STREET ADDRESS	229 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Gitu Weiss</i></u>		GITU WEISS		3/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	