

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 632101</b> 1. Entity Name SALA, INC.	
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Principal Place of Business 132 E. COLONIAL DR. SUITE 206 ORLANDO, FL 32801 US	Mailing Address P.O. BOX 533116 ORLANDO, FL 32853 US
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04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1976044	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  SABETI HOUSHANG 2427 MANDAN TERRACE WINTER PARK, FL 32789
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABETI, PEGAH 132 E. COLONIAL DR. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SABETI, HOUSHANG 132 E. COLONIAL DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRAM BEHNIA 132 E. COLONIAL DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SABETI, PARVIZ 132 E. COLONIAL DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000310612  
04/18/05-80012-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Houshang Sabeti* 4/14/05 (407) 649-0098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #