

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT #632101

1. Entity Name
SALA, INC.



Principal Place of Business

**132 E. COLONIAL DR.
SUITE 206
ORLANDO, FL 32801 US**

Mailing Address

**P.O. BOX 533116
ORLANDO, FL 32853 US**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1976044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SABETI HOUSHANG
2427 MANDAN TERRACE
WINTER PARK, FL 32789**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000723050
05/02/07-80055-023 150.00**

10. OFFICERS AND DIRECTORS

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

Houshang Sabeti

4/20/07

Date

(407) 649-0098

Daytime Phone #