

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006577

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: SARASHA INVESTMENTS INC.

## Current Principal Place of Business:

33 GLENMORE ROAD  
HAMPSTEAD QUEBEC H3X1J7,

## New Principal Place of Business:

33 GLENMORE ROAD  
HAMPSTEAD, QU H3X1J7 CN

## Current Mailing Address:

3325 HOLLYWOOD BLVD  
STE 505  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 98-0436594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIRSCHBERG, HERBERT CPA  
4700 SHERIDAN ST STE S  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALPER, JOHN  
Address: 33 GLENMORE RD  
City-St-Zip: HAMPSTEAD, QUEBEC H3X 1J7,

Title: S ( ) Delete  
Name: ALPER, HANNAH  
Address: 33 GLENMORE RD  
City-St-Zip: HAMPSTEAD, QUEBEC H3X 1J7,

Title: D ( ) Delete  
Name: ALPER, SHEILA  
Address: 33 GLENMORE RD  
City-St-Zip: HAMPSTEAD, QUEBEC H3X 1J7,

Title: D ( ) Delete  
Name: ALPER, SHEILA  
Address: 33 GLENMORE RD  
City-St-Zip: HAMPSTEAD, QUEBEC H3X 1J7,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALPER

P

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date