


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> G72608	
<b>1. Entity Name</b> SASKA, INC.	

<b>Principal Place of Business</b> 4000 TOWERSIDE TERRACE 2302 MIAMI, FL 33138 US	<b>Mailing Address</b> 7150 WEST 20TH AVENUE 412 HIALEAH, FL 33016 US
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01042005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-2353296	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SASTRE, CESAR A ESQ. 1086 NE 96 ST MIAMI SHORES, FL 33138	DO NOT WRITE IN THIS SPACE
<b>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.</b>	

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD SASTRE, CESAR J M.D. 4000 TOWERSIDE TERRACE #2302 MIAMI, FL 331382241
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04/19/05-80074-019 150.00

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**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:** Cesar J. Sastre, MD **2-21-05** **305-8953939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #