*2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # G72608 Apr 30, 2007 08:00 AM 1. Entity Name SASKA, INC. **Secretary of State** Principal Place of Business Mailing Address 4000 TOWERSIDE TERRACE 2302 7150 WEST 20TH AVENUE MIAMI, FL 33138 412 HIALEAH, FL 33016 US CR2E034 (11/05) 04232007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2353296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SASTRE, CESAR A ESQ. DO NOT WRITE 1086 NE 96 ST MIAMI SHORES, FL 33138 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SASTRE, CESAR J M.D. NAME STREET ADDRESS 4000 TOWERSIDE TERRACE #2302 CITY-ST-ZIP MIAMI, FL 331382241 TITLE U00000745028 05/16/07-80012-017 150.00 NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 expowered 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 attactment with an address, withyalt other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: