

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000030

FILED
Apr 27, 2004
Secretary of State**Entity Name:** SAK PASE?, INC.**Current Principal Place of Business:**300 SOUTH BISCAYNE RIVER DR.
N. MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**300 SOUTH BISCAYNE RIVER DR.
N. MIAMI, FL 33161**New Mailing Address:****FEI Number:** 65-0459690**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**APOLLON, MARIE
1595 NE 135 ST
#APT. 407
N. MIAMI, FL 33161 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**OFFICERS AND DIRECTORS:****Title:** C () Delete
Name: BAYARD, ANTOINE
Address: 5835 WASHINGTON ST. APT. 50
City-St-Zip: HOLLYWOOD, FL 33021**Title:** D () Delete
Name: EMMANUEL, ALEX
Address: 865 NW 155 LN #107
City-St-Zip: MIAMI, FL 33169**Title:** T () Delete
Name: OLIVIER, SERGE
Address: 15944 SW 108 AVE
City-St-Zip: MIAMI, FL 33157**Title:** S () Delete
Name: LESCOUFLAIR, BETINA
Address: 2865 WINKLER AVE., APT. 412
City-St-Zip: FT. MYERS, FL 33916**Title:** PDP () Delete
Name: LESCOUFLAIR, VLADIMIR
Address: 2865 WINKLER AVE., APT. 412
City-St-Zip: FT. MYERS, FL 33916**Title:** BMD () Delete
Name: PIERRE-LOUIS, SAMUEL
Address: 227 NE 2ND ST., APT. 11
City-St-Zip: MIAMI, FL 33132**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
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VLADIMIR LESCOUFLAIR

PDP

04/27/2004

Electronic Signature of Signing Officer or Director_____
Date