

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000030

FILED
Jul 06, 2006
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)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

APOLLON, MARIO
2099 NE 183RD ST.
N. MIAMI BEACH, FL 33162 US

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: APOLLON, MARIO
Address: 2099 NE 183RD ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: EMMANUEL, ALEX
Address: 2079 NE 167TH ST., APT. 1
City-St-Zip: MIAMI BEACH, FL 33162

Title: T () Delete
Name: OLIVIER, SERGE
Address: 15944 SW 108 AVE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: LESCOUFLAIR, BETINA
Address: 617 S. STATE RD. 7, APT. 11
City-St-Zip: MARGATE, FL 33068

Title: PDP () Delete
Name: LESCOUFLAIR, VLADIMIR
Address: 617 S. STATE RD. 7, APT. 11
City-St-Zip: MARGATE, FL 33068

Title: BMD () Delete
Name: PIERRE-LOUIS, SAMUEL
Address: 111 NE 2ND ST., APT. 1801
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
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 Chapter 119, 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

07/06/2006

Electronic Signature of Signing Officer or Director

Date