
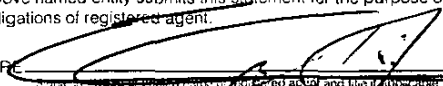
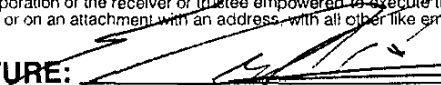


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 004 ***150.00

DOCUMENT # P01000053846					
1. Entity Name SASSOON GROUP, INC.					
Principal Place of Business 1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137			Mailing Address 1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 1000			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33139		Country		Zip Country	
6. Name and Address of Current Registered Agent BEDARD, DENNIS R 1717 N. BAYSHORE DRIVE 215 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name ERLY D DECASTRO Street Address (P.O. Box Number is Not Acceptable) 1680 Michigan Avenue, Suite 1000 City Miami Beach FL Zip Code 33139	
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  ERLY DALVO DECASTRO DATE 4/25/05 <small>Signature of current registered agent and duly authorized officer (required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECASTRO, E DALVO 1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1680 Michigan Ave Suite 1000 Miami Beach - FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTA, ANDREW 1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMACCIO, RAYMOND 1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  ERLY DALVO DECASTRO DATE 4/25/05 DAYTIME PHONE # 534-0551 <small>Signature and typed or printed name of signing officer or director</small>					