

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90024 046 ***150.00

P01000099739			
1. Entity Name NASSAN CORP.			
Principal Place of Business 6930 N.W. 84TH AVENUE MIAMI, FL 33166		Mailing Address 6930 N.W. 84TH AVENUE MIAMI, FL 33166	
2. Principal Place of Business <i>1001 NW 31 Avenue</i> Suite, Apt. #, etc. <i>Unit 1001</i>		3. Mailing Address <i>1001 NW 31 Avenue</i> Suite, Apt. #, etc. <i>Unit 1001</i>	
City & State <i>Pompano Beach FL</i>		City & State <i>Pompano Beach FL</i>	
Zip <i>33069</i>	Country <i>USA</i>	Zip <i>33069</i>	Country <i>USA</i>
4. FEI Number 65-1154108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75			
6. Name and Address of Current Registered Agent SANCHEZ, PEDRO 6930 NW 84TH AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name <i>PEDRO SANCHEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>1001 NW 31 Avenue</i> City <i>Pompano Beach</i> FL Zip Code <i>33069</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SANCHEZ, PEDRO 6930 N.W. 84TH AVENUE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PEDRO SANCHEZ</i> <i>1001 NW 31 Avenue</i> <i>Pompano Beach FL 33069</i>
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
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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: <i>[Signature]</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			