

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90039 028 ***150.00

DOCUMENT # P03000069583

1. Entity Name

SASSICO UNLIMITED INC.



Principal Place of Business

1924 ROOSEVELT STREET
HOLLYWOOD FL 33020

Mailing Address

1924 ROOSEVELT STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

2158 NOVA VILLAGE DR

Suite, Apt. #, etc.

3. Mailing Address

2158 NOVA VILLAGE DR

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

05-0578972

Applied For

Not Applicable

Zip

33317

Country

US

Zip

33317

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASSI, ANGELA
1924 ROOSEVELT STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2158 NOVA VILLAGE DR

City

DAVIE

FL

Zip Code

33317

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

Angela Sassi

ANGELA SASSI

3/3/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SASSI, ANGELA
STREET ADDRESS 1924 ROOSEVELT STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2158 NOVA VILLAGE DR.
CITY-ST-ZIP DAVIE FL 33317

TITLE ☐ Change ☒ Addition
NAME VP, T
STREET ADDRESS BRUNO SASSI
CITY-ST-ZIP 2158 NOVA VILLAGE DR
DAVIE FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Angela Sassi

ANGELA SASSI

3/3/05

954-693-7805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #