

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90072 035 ***150.00

DOCUMENT # P03000069583

1. Entity Name
SASSICO UNLIMITED INC.



Principal Place of Business
**2158 NOVA VILLAGE DR
HOLLYWOOD, FL 33020**

Mailing Address
**2158 NOVA VILLAGE DR
HOLLYWOOD, FL 33020**

40046616

2. Principal Place of Business
2158 NOVA VILLAGE DR

3. Mailing Address
2158 NOVA VILLAGE DR

Suite, Apt. #, etc.

City & State
DAVIE FL

Zip
33317

Country
US

04062006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0578972

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SASSI, ANGELA
2158 NOVA VILLAGE DR
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name
SASSI, ANGELA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME SASSI, ANGELA	
STREET ADDRESS 2158 NOVA VILLAGE DR	
CITY - ST - ZIP FORT LAUDERDALE, FL 33317	
TITLE VPT	<input type="checkbox"/> Delete
NAME SASEL, BRUN	
STREET ADDRESS 2158 NOVA VILLAGE	
CITY - ST - ZIP FORT LAUDERDALE, FL 33317	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change	<input type="checkbox"/> Addition
NAME DAVIE FL 33317	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE Change	<input type="checkbox"/> Addition
NAME SASSI, BRUNO	
STREET ADDRESS 2158 NOVA VILLAGE DR	
CITY - ST - ZIP DAVIE FL 33317	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **4/6/06** **954-693-7805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #