

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-12-2007 90090 024 ***150.00

DOCUMENT # P03000138139					
1. Entity Name SARASSA INC.					
Principal Place of Business 4900 S.W. 136TH PLACE MIAMI FL 33175			Mailing Address 4900 S.W. 136TH PLACE MIAMI FL 33175		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0490074	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAVICA, BRUNO 4900 S.W. 136TH PLACE MIAMI FL 33175				CARLOS A. SARASSA Street Address (P.O. Box Number is Not Acceptable) 4900 SW 136 PL MIAMI City MIAMI FL Zip Code 33175	
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 <u><i>Carlos G. Sarassa</i></u> <u><i>Carlos G. Sarassa</i></u> <u><i>2/26/07</i></u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SARASSA, CARLOS A			NAME	
STREET ADDRESS	4900 S.W. 136TH PLACE			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MENDEZ, ELVIA P			NAME	
STREET ADDRESS	4900 S.W. 136TH PLACE			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	
TITLE	P ☐ Delete			TITLE	☒ Change ☐ Addition
NAME	SARASSA, CARLOS A			NAME	CARLOS A. SARASSA
STREET ADDRESS	4900 SW 136 PL			STREET ADDRESS	President - Sect - Tre
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	MIAMI FL 33175
TITLE	ST ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MENDEZ, ELVIA PEREA			NAME	
STREET ADDRESS	4900 SW 136 PL			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	
TITLE	P ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SARASSA, CARLOS A			NAME	
STREET ADDRESS	4900 SW 136 PLACE			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	
TITLE	ST ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MENDEZ, ELVIA P			NAME	
STREET ADDRESS	4900 SW 136 PL			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Carlos G. Sarassa</i></u> <u><i>Carlos G. Sarassa</i></u> <u><i>2/27/07</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT <u><i>2/27/07</i></u> <u><i>Sect - Tre</i></u> <u><i>REG AGENT</i></u>					