

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90404 049 \*\*\*150.00

**DOCUMENT # P04000006329**

1. Entity Name

**SARECLA CORPORATION**



Principal Place of Business

**15343 SW 21ST STREET  
MIRAMAR FL 33027**

Mailing Address

**15343 SW 21ST STREET  
MIRAMAR FL 33027**

2. Principal Place of Business

**13055 S.W. 15 CT.**

3. Mailing Address

**13055 S.W. 15 CT.**

Suite, Apt. #, etc.

**S-202**

Suite, Apt. #, etc.

**S-202**

City & State

**PEMBROKE PINES, FL.**

City & State

**PEMBROKE PINES, FL.**

Zip

**33027**

Country

**U.S.A.**

Zip

**33027**

Country

**U.S.A.**

4. FEI Number

**20-0583226**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**DLR ACCOUNTING CORP.  
6336 GRANT STREET  
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2006 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 **ASSAEL-PROFETA, SAMUEL**  
STREET ADDRESS **15343 SW 21ST STREET**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **VP** ☐ Delete  
NAME **DE ASSAE, FAMMU A**  
STREET ADDRESS **15343 SW 21ST STREET**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **DS** ☐ Delete  
NAME **ASSAEL, REBECA E**  
STREET ADDRESS **15343 SW 21ST STREET**  
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **DT** ☐ Delete  
NAME **ARAV DE ASSAEL, FANNY**  
STREET ADDRESS **15343 SW 21ST STREET**  
CITY-ST-ZIP **MIRAMAR FL 33027**

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 **P** ☒ Change ☐ Addition  
NAME **ASSAEL-PROFETA, SAMUEL**  
STREET ADDRESS **13055 S.W.15 CT., apt. S-202**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33027**

TITLE **VP** ☒ Change ☐ Addition  
NAME **ASSAEL-FANNY**  
STREET ADDRESS **13055 S.W.15 CT. apt. S-202**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33027**

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

TITLE **DT** ☒ Change ☐ Addition  
NAME **ASSAEL-FANNY**  
STREET ADDRESS **13055 S.W.15 CT. apt. S-202**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33027**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMUEL ASSAEL**

Date **3/27/2006** Daytime Phone # **(954) 499-7219**