


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073851	
1. Entity Name IRASSHAI, INC.	

Principal Place of Business 1150 N.W. 185TH TERR PEMBROKE PINES, FL 33029	Mailing Address 1150 N.W. 185TH TERR PEMBROKE PINES, FL 33029
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03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1095811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J
7951 SW 40TH ST
STE 206
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 3/27/06 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YAMAMOTO, ROBERTO 7853-7855 PINES BLVD PEMBROKE PINES, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD YAMAMOTO, ROXANA C 7853-7855 PINES BLVD PEMBROKE PINES, FL 32024
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04/13/06-80042-008 150.00

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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 3/27/06 3052610251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #