

P04000100191

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP -2 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100191

1. Entity Name
SAISO CORPPrincipal Place of Business
185 SE 14 TERRACE UNIT 1401
MIAMI, FL 33131-3416Mailing Address
185 SE 14 TERRACE UNIT 1401
MIAMI, FL 33131-3416

02-07-05 90084 043 \$150.00



08042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1458950

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

ORELLANA, SANDRA
185 SE 14 TER UNIT 1401
MIAMI, FL 33131-3416

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 \$550.00
Due by September 7, 20059. 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	DP	<input type="checkbox"/> Delete
NAME	ORELLANA, SANDRA	
STREET ADDRESS	ABANICO A CANONIGOS	
CITY-ST-ZIP	CARACAS, VENEZUELA,	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DST	<input type="checkbox"/> Delete
NAME	ORELLANA, SONIA	
STREET ADDRESS	ABANICO A CANONIGOS	
CITY-ST-ZIP	CARACAS, VENEZUELA,	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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 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:

08/17/05 305-375-8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66026442

2052

Friday, June 22, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: **DOC PO4000100191**

To Whom It May Concern:

WE ARE WRITING THIS LETTER TO LET YOU KNOW THAT WE WERE SURPRISED WITH THE LETTER OF A POSSIBLE DISSOLUTION OF OUR CORPORATION. AFTER WE READ THAT LETTER, WE REVISED OUR RECORDS AND WE FOUND OUT THAT IN FACT WE DID PAID THE RENEWAL AMOUNT WITH CHECK NO. 275 AMOUNT \$150.00 DATED 02/03/2005. HOWEVER, WE FOUND AN ERROR ON THE CHECK. THE ERROR WAS IN THE DOCUMENT NUMBER. WE PUT P04000010019 INSTEAD OF PO4000100191 AS REFERENCE NUMBER. I AM SENDING YOU COPY OF PAID CHECK. WE APOLOGIZE FOR THE INCONVENIENCE THIS MAY HAVE CAUSED.

WE WILL APPRECIATE IF YOU CAN PUT OUR CORPORATION UPDATED.

RESPECTFULLY YOURS,

Sandra Orellana

SANDRA ORELLANA/PRESIDENT