

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-25-2005 90239 026 ****75.00
P04000126034

DOCUMENT # P04000126034

1. Entity Name

F.S.A.A., INC.



FILED

05 MAY -9 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

Principal Place of Business

11723 SW 107TH LANE
MIAMI FL 33186

Mailing Address

11723 SW 107TH LANE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

9229 SW 114TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2066592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLER, LUCIA E
11736 SW 110 TERRACE
MIAMI FL 33186

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, 2005 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	<input type="checkbox"/> Delete
NAME	ROCA, FLOR S	
STREET ADDRESS	9229 SW 114TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLANO, ABEL B	
STREET ADDRESS	11723 SW 107TH LANE	
CITY-ST-ZIP	MIAMI FL 33186	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	04/25/05 90321 001 \$75.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMEJO, Abel	
STREET ADDRESS	11723 SW 107TH LANE	
CITY-ST-ZIP	MIAMI - FL 33186	
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 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 an officer like empowered.

SIGNATURE:

[Signature] FLOR S. ROCA

Date

Daytime Phone #

305 775 7965