2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000126034

1. Entity Name
F.S.A.A., INC.

Principal Place of Business	Mailing Address
11723 SW 107TH LANE MIAMI, FL 33186	9229 SW 114TH ST MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2066592	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

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

U00000737259
05/11/07-80020-012 150.00

TITLE	P
NAME	ROCA, FLOR S
STREET ADDRESS	9229 SW 114TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	BERMEJO, ABEL B
STREET ADDRESS	11723 SW 107TH LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   04-19-07   305 755 4698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #