

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 011 ***150.00

DOCUMENT # P05000048385

1. Entity Name

SASOMA CONSTRUCTION, INC.



Principal Place of Business

15502 SW 297 STREET
HOMESTEAD FL 33033
US

Mailing Address

15502 SW 297 STREET
HOMESTEAD FL 33033
US



2. Principal Place of Business - No P.O. Box #

15502 SW 297 ST

Suite, Apt. #, etc.

HOMESTEAD FLORIDA

City & State

33033 US

Zip

Country

3. Mailing Address

15502 SW 297 ST

Suite, Apt. #, etc.

HOMESTEAD FLORIDA

City & State

33033 US

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-2600208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ROJAS, LAURA A
15502 SW 297 STREET
HOMESTEAD FL 33033

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 LAURA A. PEREZ ROJAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-01-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 RESENDIZ-CRUZ, EDUARDO
STREET ADDRESS 15502 SW 297 STREET
CITY- ST- ZIP HOMESTEAD FL 33033

TITLE ST ☐ Delete
NAME PEREZ-ROJAS, LAURA A
STREET ADDRESS 15502 SW 297 STREET
CITY- ST- ZIP HOMESTEAD FL 33033

TITLE --- ☐ Delete
NAME ---
STREET ADDRESS ---
CITY- ST- ZIP ---

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TITLE --- ☐ Delete
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STREET ADDRESS ---
CITY- ST- ZIP ---

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE --- ☐ Change ☐ Addition
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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: EDUARDO RESENDIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-07

Date

786-266-1091

Daytime Phone #