

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90332 039 ***150.00

DOCUMENT # P94000020455

1. Entity Name

SASSON REALTY CORP.



Principal Place of Business

**11451 NW 36TH AVENUE
MIAMI FL 33167
US**

Mailing Address

**11451 NW 36TH AVENUE
MIAMI FL 33167
US**

2. Principal Place of Business

12000 BISCAYNE BLVD

3. Mailing Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

508

Suite, Apt. #, etc.

508

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-0475382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, BENNETT G
2655 LEJEUNE ROAD
STE 508
CORAL GABLES FL 33134**

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, 2004 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 **D** ☐ Delete
NAME **SASSON, ZAKAY**
STREET ADDRESS **16495 NE 32ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **D** ☐ Delete
NAME **SASSON, EZRA**
STREET ADDRESS **373 CENTER ISLAND**
CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE **D** ☐ Delete
NAME **FEFER, ENRIQUE**
STREET ADDRESS **19333 COLLINS AVE APT 1708**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #