

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 045 ***158.75

DOCUMENT # P95000097064 1. Entity Name SASSINE REALTY, INC.					
Principal Place of Business 2780 SW 37TH AVE SUITE 205 MIAMI, FL 33133 US			Mailing Address 2780 SW 37TH AVE SUITE 205 MIAMI, FL 33133 US		
2. Principal Place of Business 290 N.W. 165 STREET		3. Mailing Address P.O. Box 165539			
Suite, Apt. #, etc. SUITE M-400		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0628337	
Zip 33169		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEROME GROSSMAN 2780 SW 37TH AVE SUITE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name JEROME GROSSMAN Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165 STREET (SUITE M-400) City MIAMI FL Zip Code 33169			
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 JEROME GROSSMAN 02/05/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SASSINE, SCARLETT 2780 SW 37TH AVE SUITE 205 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SASSINE, SCARLETT 290 N.W. 165 TH STREET (SUITE M-400) MIAMI, FL. 33169
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JEROME GROSSMAN 2780 SW 37TH AVE SUITE 205 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GROSSMAN, JEROME 290 N.W. 165 TH STREET (SUITE M-400) MIAMI, FL. 33169
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 or other like empowered.					
SIGNATURE: JEROME GROSSMAN 02/05/04 (305) 662-6772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					