2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 18, 2005 08:00 AM **DOCUMENT # P98000010502 Secretary of State** 1. Entity Name FRANK SASSON, P.A. Principal Place of Business Mailing Address 3301 NE 5TH AVENUE 3301 NE 5TH AVENUE **APT 1017** APT 1017 MIAMI, FL 33137-4027 MIAMI, FL 33137-4027 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0813982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SASSON, FRANK DO NOT WRITE 3301 NE 5TH AVENUE **APT 1017** IN THIS SPACE MIAMI, FL 33137-4027 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 algorature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SASSON, FRANK 3301 NE 5TH AVE # 1017 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 TITLE 03/18/05-60058-010 158./s NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 land 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 epprovered.

A DIRECTOR

Date

Daytime Phone #

FILED