


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000030459					
1. Entity Name SIROB INC OF SARASOTA					
Principal Place of Business 4405 WASHINGTON BLVD. SARASOTA FL 34224			Mailing Address 4405 WASHINGTON BLVD. SARASOTA FL 34224		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0836110	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BASSIL, BASSIL 4405 WASHINGTON BLVD. SARASOTA FL 34224				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 _____ (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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSIL, BASSIL		NAME		
STREET ADDRESS	4348 LOST FOREST LN		STREET ADDRESS	U000000071669	
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP	03/01/04-80079-016 150.00	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSIL, TANNOUS		NAME		
STREET ADDRESS	6822 GRANDHONT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48228		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSIL, IRENA		NAME		
STREET ADDRESS	6822 GRANDMONT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48228		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSIL, HANNA		NAME		
STREET ADDRESS	20325 FAIRVIEW ST		STREET ADDRESS		
CITY-ST-ZIP	DEARBORN HEIGHTS MI 48127		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSIL, GHADA		NAME		
STREET ADDRESS	20325 FAIRVIEW ST		STREET ADDRESS		
CITY-ST-ZIP	DEARBORN HEIGHTS MI 48127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

2-24-04 941-3515963