2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030459

BASSIL, GHADA

20325 FAIRVIEW ST

DEARBORN HEIGHTS, MI 48127

Name:

Address:

City-St-Zip:

Entity Name: SIROB INC OF SARASOTA

FILED Jan 06, 2006 Secretary of State

Littly Maine. SIROB INC OF SARASOTA					
Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
4405 WASHINGTON BLVD. SARASOTA, FL 34224				4405 WASHINGTON BLVD. SARASOTA, FL 34234	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
4405 WASHINGTON BLVD. SARASOTA, FL 34224				4405 WASHINGTON BLVD. SARASOTA, FL 34234	
FEI Number:	65-0836110	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BASSIL, BASSIL 4405 WASHINGTON BLVD. SARASOTA, FL 34224 US				BASSIL, BASSIL 4405 WASHINGTON BLVD. SARASOTA, FL 34234 US	
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.					
SIGNATURE: BASSIL BASSIL				01/06/2006	
	Electron	ic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () BASSIL, BASSI 4348 LOST FOI SARASOTA, FL	REST LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () BASSIL, TANNO 6822 GRANDHO DETROIT, MI 4	ONT ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BASSIL, IRENA 6822 GRANDMO DETROIT, MI 4		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BASSIL, HANNA 20325 FAIRVIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BASSIL BASSIL PS 01/06/2006