## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000030459

Entity Name: SIROB INC OF SARASOTA

FILED Mar 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4405 WASHINGTON BLVD. SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address:** 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 of New Registered Agent: BASSIL, BASSIL 4405 WASHINGTON BLVD. SARASOTA, FL 34234 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BASSIL, BASSIL Name: Name: 4348 LOST FOREST LN Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BASSIL, TANNOUS Name: 20325 FAIRVIEW Address: Address: DEARBORN HEIGHTS, MI 48127 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BASSIL, IRENA Name: Name: 20325 FAIRVIEW Address: Address: City-St-Zip: DEARBORN HEIGHTS, MI 48127 City-St-Zip: Title: () Delete Title: () Change () Addition BASSIL, HANNA Name: Name: Address: 20325 FAIRVIEW ST Address: City-St-Zip: DEARBORN HEIGHTS, MI 48127 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BASSIL, GHADA Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: BASSIL BASSIL P 03/09/2009

20325 FAIRVIEW ST

DEARBORN HEIGHTS, MI 48127

Address: City-St-Zip: