

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 027 ***150.00

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DOCUMENT # P99000037675

1. Entity Name
SASONIA CARRIAGE CORP.



Principal Place of Business
**531 LILAC RD.
CASSELBERRY, FL 32707**

Mailing Address
**9932 FLYNT CIRCLE
ORLANDO, FL 32825**

2. Principal Place of Business

3971 QUEEN ANNE Dr.

3. Mailing Address

3971 QUEEN ANNE Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242004

Chg-P

CR2E034 (10/03)

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3574199

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOLINA, JULIO
8614 BRACKENWOOD DR.
ORLANDO, FL 32829**

7. Name and Address of New Registered Agent

Name **Samuel Fuentes**
Street Address (P.O. Box Number is Not Acceptable)

3971 QUEEN ANNE Dr.

City **Orlando**

FL

Zip Code **32835**

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

Samuel Fuentes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FUENTES, SAMUEL**
STREET ADDRESS **9932 FLYNT CIRC**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Fuentes, Samuel**
STREET ADDRESS **3971 Queen Anne Dr**
CITY-ST-ZIP **Orlando, Florida 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Samuel Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/04
Date

Daytime Phone #