


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90160 030 ***150.00

DOCUMENT # P99000037675	
1. Entity Name SASONIA CARRIAGE CORP.	

Principal Place of Business 3971 QUEEN ANNE DRIVE ORLANDO, FL 32839	Mailing Address 3971 QUEEN ANNE DRIVE ORLANDO, FL 32839
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3971 QUEEN ANNE DRIVE Suite, Apt. #, etc.
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City & State Orlando FL.	4. FEI Number 59-3574199
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Zip 32839	Country U.S.A
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FUENTES, SAMUEL 3971 QUEEN DUNE DRIVE ORLANDO, FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUENTES, SAMUEL 3971 QUEEN DUNE DRIVE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Sr. Samuel Fuentes Sr. **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/24/05 321-228-6659 **Date Daytime Phone #**