


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT #S40545 1. Entity Name SAWAYA, INC.		
Principal Place of Business 5003 EDGEWATER DR PO BOX 607328 ORLANDO, FL 32860-7328 US		Mailing Address SAWAYA INC PO BOX 607328 ORLANDO, FL 32860-7328 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAWAYA, NASRI 5003 EDGEWATER DR ORLANDO, FL 32810		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SAWAYA, NASRI	
STREET ADDRESS	5003 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	P	
NAME	SAWAYA, GEORGE	
STREET ADDRESS	5003 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	VP	
NAME	NAJAT, SAWAYA	
STREET ADDRESS	5003 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	S	
NAME	BENNETT, GISELE	
STREET ADDRESS	5003 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>N. G. Sawaya, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-16-06</u> <small>Daytime Phone # <u>407-2956048</u></small>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3061270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**