## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2008 08:00 A **DOCUMENT # S72171** Secretary of State 1. Entity Name SASHIN REALTY, INC. Principal Place of Business Mailing Address **5 BIRCHWOOD TRAIL** 5 BIRCHWOOD TRAIL ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3079508 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SASHIN, SOL DO NOT WRITE **5 BIRCHWOOD TRAIL** ORMOND BEACH, FL 32174 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. Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000865691 TITLE 04/07/08-80038-023 150.AA. SASHIN, SOL NAME STREET ADDRESS **5 BIRCHWOOD TRAIL** ORMOND BEACH, FL CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

286617-20