

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 037 ***150.00

DOCUMENT # V59767

1. Entity Name
SASHA CONDOMINIUM, INC.



Principal Place of Business
**259 SOUTHWEST 9TH STREET
APT. 5
MIAMI, FL 33130 US**

Mailing Address
**400 SW 107TH AVE
STE 312
MIAMI, FL 33174 US**

40072464



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0364646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEDRAZA, JOSE RAMON
259 SOUTHWEST 9TH STREET
APT. 5
MIAMI, FL 33130**

**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 **X** *Jose R. Pedraza*

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

(NOTE: Registered Agent signature required when restate)

4/13/2007
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	PEDRAZA, JOSE RAMON
STREET ADDRESS	259 S.W. 9TH STREET-5
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PEDRAZA, JOSE RAMON
STREET ADDRESS	259 S.W. 9TH STREET-5
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	PEDRAZA, JOSE
STREET ADDRESS	259 S.W. 9TH STREET-5
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **X** *Jose R. Pedraza* **Jose R. Pedraza** **4/13/2007** **(305) 220-5684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #