

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159428

FILED
Feb 24, 2005
Secretary of State

Entity Name: SARITA INVESTMENTS INC.

Current Principal Place of Business:

2000 ISLAND BLVD
2710
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

2000 ISLAND BLVD
2710
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASJA, MARCOS
2000 ISLAND BLVD
2710
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FASJA, MARCOS
Address: 2000 ISLAND BLVD, APT. 2710
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP () Delete
Name: FASJA, SARA
Address: 2000 ISLAND BLVD, APT. 2710
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP () Delete
Name: FASJA, EDUARDO
Address: 2000 ISLAND BLVD, APT. 2710
City-St-Zip: AVENTURA, FL 33160 US

Title: DVP () Delete
Name: FASJA, ADELA
Address: 2000 ISLAND BLVD, APT. 2710
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS FASJA

DP

02/24/2005

Electronic Signature of Signing Officer or Director

_____ Date