2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000051113

1. Entity Name
SABA OIL, INC.

Principal Place of Business	Mailing Address
5303 14TH ST WEST BRADENTON, FL 34207 US	5303 14TH ST WEST BRADENTON, FL 34207 US

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3321611	Not Applicable

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

6. Name and Address of Current Registered Agent

ATTARI, KOUROSH
5704 14TH ST. W
BRADENTON, FL 34207

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

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10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ATTARI, KOUROSH
STREET ADDRESS	5704 14TH ST.W
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	T
NAME	ATTARI, KAYVAN
STREET ADDRESS	750 N.TAMIAMI TRAIL,APT 1107
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80115-003 150.00

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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: _____   KOUROSH ATTARI   04/31/06   941-238-7315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #