

FILED

May 01, 2007 08:00 AM
Secretary of State2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F10090

1. Entity Name
SAAD CORPORATIONPrincipal Place of Business
18601 WENTWORTH DR.
COUNTRY CLUB OF MIAMI, FL 33015Mailing Address
18601 WENTWORTH DR.
COUNTRY CLUB OF MIAMI, FL 33015

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2053040Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAAD, ANGEL
18601 WENTWORTH DR.
COUNTRY CLUB OF MIAMI, FL 33015DO NOT WRITE
IN THIS SPACE

7. 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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.008. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SAAD, MERY
STREET ADDRESS	18601 WENTWORTH DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	SAAD, ANGEL
STREET ADDRESS	18601 WENTWORTH DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE000000752839
05/21/07 80033-014-15775

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angel SAAD 4-30-2007