

FILED

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

DOCUMENT # F71370

1. Entity Name
SAAD CONSTRUCTION CO.

Principal Place of Business

18601 WENTWORTH DRIVE
COUNTRY CLUB OF MIAMI, FL 33015

Mailing Address

18601 WENTWORTH DRIVE
COUNTRY CLUB OF MIAMI, FL 33015**DO NOT WRITE IN THIS SPACE**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2356264Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

II. 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 registering)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSVP
NAME	SAAD, MERY
STREET ADDRESS	18601 WENTWORTH DRIVE
CITY-ST-ZIP	COUNTRY OF MIAMI, FL 33015
TITLE	DPT
NAME	SAAD, ANGEL
STREET ADDRESS	18601 WENTWORTH DRIVE
CITY-ST-ZIP	COUNTRY OF MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**UD0000752941
05/21/07 00033-015 158.75

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

Deputy Phone #