2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G04413

1. Entity Name SADŔU, INC.



Principal Place of Business

C/O SUNSET CLEANERS 8718 SUNSET DRIVE MIAMI BEACH, FL 33173 Mailing Address

C/O SUNSET CLEANERS 8718 SUNSET DRIVE MIAMI BEACH, FL 33173

US

FILED Jan 08, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01042007		No Chg-P	CR2E034 (11/05	
	•		Ch2E034 (11/03)	

Applied For 4. FEI Number 59-2230765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ESMAIL, SADRU 718 HERITAGE DRIVE WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

		1				ı
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little	I applicable. (NOTE: Registered A	gen) signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESMAIL, S A % 8718 SUNSET DRIVE MIAMI BEACH, FL 33173				U00000578016	
TITLE					0 t 100 100 00018 010 100 100	

U1/09/07-80012-019 150.00

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 199 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 eath, 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305271.3230