


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # G08541	
1. Entity Name SAI-R, INC.	

Principal Place of Business % SUNSHINE PROFESSIONAL DRY CLEANERS 6734 UNIVERSITY DR. TAMARAC, FL 33321	Mailing Address % SUNSHINE PROFESSIONAL DRY CLEANERS 6734 UNIVERSITY DR. TAMARAC, FL 33321
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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2236845	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAUHAN, RAJENDRA
6734 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAUHAN, RAJENDRA 8849 NW 55TH PLACE CORAL SPRINGS, FL 00000,
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **RAJENDRA CHAUHAN** *Rajendra Chauhan* 4/29/05 984-722-9282

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