2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56896

ASHLEY WARD,

2172-A WHITE PINE CIRCLE

WEST PALM BEACH, FL

Name:

Address:

City-St-Zip:

FILED Sep 13, 2004 Secretary of State

Entity Nan	ne: SAHAF	RA PAVERS, INC.				•		
Current Principal Place of Business:				New Principal Place of Business:				
6676 NW 5 TAMARAC	57TH ST. , FL 33319	US						
Current Mailing Address:				New Mailing Address:				
C/O CHAR 4905 BANY	'AN LN							
TAMARAC		US						
FEI Number:	59-2785229	FEI Number Ap	plied For () F	El Number Not Appli	cable ()	Certificate of Status	s Desired()	
Name and	Address o	f Current Registe	ered Agent:	Name and	Name and Address of New Registered Agent:			
BAKER, CI 4905 BANY TAMARAC		US						
The above in the State		ty submits this sta	tement for the purp	ose of changing its	s registered	office or registered	agent, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature of	Registered Agent			Date		
		.193(2)(b), F.S., the c cing Trust Fund Cont	orporation did not rec	eive the prior notice	·.			
OFFICERS	AND DIR	ECTORS:		ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P BAKER, CH 4905 BANY/ TAMARAC, I	AN LN.		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete CHRISTOPHE, R YLVANIA AVENUE RDALE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST FREDENBE 4905 BANY/ TAMARAC, I	AN ĹN.		Title: Name: Address: City-St-Zip:	ST (X) FREDENBERG 8330 NW 48TI LAUDERHILL,	H ['] ST		
Title:	V	(X) Delete		Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY FREDENBERG MS 09/13/2004