## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # K27291 1. Entity Name SABÉT INVESTMENTS CORP. Principal Place of Business Mailing Address 7213 N W 12 STREET 7213 N W 12 STREET MIAMI, FL 33126 MIAMI, FL 33126 CR2E034 (11/05) 01282008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0057273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JALALI-BIDGOLI, HASSAN DO NOT WRITE 7213 N W 12 STREET MIAMI, FL 33126 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THLE JALALI-BIDGOLI, HASSAN NAME 7213 N.W. 12TH STREET STREET ADDRESS U00000832148 02/27/08-80048-010 150.00 MIAMI, FL 33126 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

pes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and that my algorithms shall have the same legal effect as if made under oath; that I am an officer or director ed. this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true indicated on the receiver or trustee empowered to changed, or on an attachment with an address with all pitch.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED