2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State

DOCUMENT # M57797 1. Entity Name SAUDIA CORPORATION			Secre	etary of Stat
Principal Place of Business 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308	Mailing Address 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308		t constanci inte arter come e ancie con e ancie con e e e e e e e e e e e e e e e e e e e	INCLUMENTE MEMBER MENGERAM DE LANGE
DO NOT WRITE IN THIS SPACE		CE	03292005 No Chg-P CR2E	034 (10/03) Applied For
			65-0004217 5. Certificate of Status Desired □	Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	J		
DIAZ, SAUL 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308			DO NOT WRIT	Į.
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its register	ed office or registere	d agent, or both, in the State of Florida. I arr	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (INOTE: Registore	ed Agent signalure required w	then reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campaign Finar Trust Fund Contribution.		00 May Be d to Fees	
10. OFFICERS AND	DIRECTORS	<u> </u>		
TITLE DP NAME DIAZ, SAUL STREET ADDRESS 3410 GALT OCEAN DRIVE, #12	10		sugment was been talk to a file	
CITY-ST-ZIP FT. LAUDERDALE, FL TITLE NAME STRIET ADDRESS CITY-ST-ZIP		Action to the second se	04/07/05-600	8-011 150.00
TITLE NAME STREET ADDRESS	- Management	1	~^ *!^ T !*/*)**	art:
CITY-ST-ZIP		=== sensions of the	DO NOT WRIT	5
TITLE NAME STREET ADDRESS CTP. ST. JIP.		with violation and	IN THIS SPACE	podi pager pager
CITY-ST-ZIP TITLE NAME	<u>*</u>			
STREET ADDRESS CITY-ST-ZIP	·			er en er er en en engezagt.
NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee emperanged, or on an attachment with an address.	n this filing does not qualfy for the exe s true and accurate and that my signa owered to execute this report as requi with all other like empowaled	emption stated in Section stated in Section state in Section 1 in Sect	tion 119.07(3)(i), Florida Statutes. I further or arne legal effect as if made under oath; that I Florida Statutes; and that my name appears	ortify that the information am an officer or director in Block 10 or Block 11 if
SIGNATURE: SAUL DIAZ	PRINTED HAVE OF SIGNING OFFICER ON DIRECT	<u> </u>	APRILS/05	9650031.