


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # M57797 1. Entity Name SAUDIA CORPORATION		
Principal Place of Business 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308		Mailing Address 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIAZ, SAUL 3410 GALT OCEAN DR. 1210 FT LAUDERDALE, FL 33308		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, SAUL 3410 GALT OCEAN DRIVE, #1210 FT. LAUDERDALE, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>SAUL DIAZ (P)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/12/06</u> Daytime Phone #: <u>(305) 965 0031</u>



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0004217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000526741
05/04/06-80084-025 150.00

**DO NOT WRITE
IN THIS SPACE**