

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2008 90002 027 \*\*\*150.00

M71374


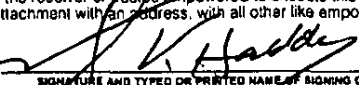
**FILED**

2008 JUL 10 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06022008 Chg-P CR2E034 (12/06)

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # M71374</b>   |   |                             |   |
| 1. Entity Name<br><b>SAHA DEVELOPMENT COMPANY, INC.</b>  |   |  |   |
| Principal Place of Business<br>8023 SHELDON RD, #11<br>TAMPA, FL 33615 US  |   | Mailing Address<br>2520 NOBLE DR<br>TALLAHASSEE, FL 32312 US   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 4. FEI Number<br><b>59-2885325</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>                           |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 8. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| HADDAD, NAZIH K.<br>2520 NOBLE DR.<br>TALLAHASSEE, FL 32312  |   | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ FL Zip Code _____       |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |
| <del>FILE NOW!!! - FEB 10 2009 00</del><br><b>Due by September 12, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE  | P<br>HADDAD, NAZIH<br>2520 NOBLE DR.<br>TALLAHASSEE, FL | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| TITLE  | D<br>HADDAD, NABIH<br>8023 SHELDON RD.<br>TAMPA, FL     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   | NAME   |   |
| STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY - ST - ZIP  |   | CITY - ST - ZIP  |   |
| 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:    |   | Date: 4/28/08  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #: 850 459 0369  |   |