2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44019

FILED May 01, 2007 Secretary of State

Entity Name: SAHARA FUND, INC.

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
	PORATE BLVD			
STE 107 BOCA RA	TON, FL 33431			
Current M	lailing Address:	New Mailing Add	Iress:	
2101 COR	PORATE BLVD			
STE 107 BOCA RA	TON, FL 33431			
El Number	·	I Number Not Applicable (Pive the prior notice.) Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
TESCHER 2101 COR	R, RICHARD A ESQ. R GUTTER CHAVES JOSEPHER RUBIN RUFFI PORATE BLVD STE 107 TON, FL 33431 US			
	,			
Γhe above	named entity submits this statement for the purpo e of Florida.	se of changing its regis	tered office or registered agent, or both	
Γhe above	named entity submits this statement for the purpo e of Florida.	se of changing its regis	tered office or registered agent, or both	
The above n the Stat	named entity submits this statement for the purpo e of Florida.	se of changing its regis	tered office or registered agent, or both Date	
The above n the Stat	e named entity submits this statement for the purpo e of Florida. RE:			
The above n the Stat	e named entity submits this statement for the purpo e of Florida. RE: Electronic Signature of Registered Agent		Date	
The above in the State SIGNATU DFFICER Title: Jame: Address:	e named entity submits this statement for the purpo e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete SMITH DE CHERIF, TERESA 224 HERMOSA DR SE	ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO	
The above in the Stationary of	e named entity submits this statement for the purpo e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete SMITH DE CHERIF, TERESA 224 HERMOSA DR SE ALBUQUERQUE, NM 87108 VD () Delete CHERIF, AHMED A 520 MIDDLE RIVER DR	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN SMITH TD 05/01/2007