


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90054 017 \*\*\*150.00

<b>DOCUMENT # P00000042597</b>	
1. Entity Name <b>SAI CLEANERS INC.</b>	

Principal Place of Business <b>5044 W ATLANTIC AVE DELRAY BEACH FL 33484</b>	Mailing Address <b>5044 W ATLANTIC AVE DELRAY BEACH FL 33484</b>
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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

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0999213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STHANKIYA, USHA 114 ROSEWOOD LN GREENACRES FL 33463</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	STHANKIYA-GRILLO, USHA	NAME	GRILLO USHA
STREET ADDRESS	114 ROSEWOOD LN	STREET ADDRESS	114 ROSEWOOD LANE
CITY ST ZIP	GREENACRES FL 33463	CITY ST ZIP	GREENACRES FL 33463
TITLE	V	TITLE	
NAME	JOSHI, BHARATKUMAR B	NAME	
STREET ADDRESS	103 APPLEWOOD DR	STREET ADDRESS	
CITY ST ZIP	GREENACRES FL 33463	CITY ST ZIP	
TITLE	V	TITLE	
NAME	JOSHI, DILIPKUMAR B	NAME	
STREET ADDRESS	108 ROSEWOOD LANE	STREET ADDRESS	
CITY ST ZIP	GREENACRES FL 33463	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	
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 Section 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>Usha Grillo</u>	1/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #