


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P0000065331**

1. Entity Name  
**SAHARA INC.**



FILED  
04 MAR 31 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: SAHARA, INC. 2415 N. MONROE ST. FC-5 TALLAHASSEE, FL 32303 US

Mailing Address: SAHARA, INC. 2415 N. MONROE ST. FC-5 TALLAHASSEE, FL 32303 US

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3657071

Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALSIRO, Wael  
6509 DAMASCUS CT  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	ALSIRO, Wael 6509 DAMASCUS CT TALLAHASSEE, FL 32308	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	HUSSEIN, AHMAD 3720 FORSYTHE WAY TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	000032643060 04/13/04--01103--008 **150.00
TITLE: D	ALSIROU, DANIA M 3711 SHAMROCK WEST, APT. #H139 TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W ALSIRO 3/30/04 3391186

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #