2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL KEPUK I								FILED				
DOCUMENT # P0000065331									1-1			
1. Entity Name												
SAHARA INC.								08 MAY 19 PM 1: 17				
Principal Place	e of Business	Mailing	Mailing Address				SECRETA OF STATE TALLAHASSEE, FLORIDA					
									TALLAHA	22EE, FE	.UKIUA	
SAHARA, INC. 2415 N. MON			SAHARA, INC. 2415 N. MONROE ST. FC-5									
TALLAHASSE			TALLAHASSEE, FL 32303 US				1 1 1 1 1 	 161 81 191 81				
2. Principal Pl	lace of Busin	3. Mailing	3. Mailing Address									
Suite, Apt.	#, etc.		Suite,	Suite, Apl. #, etc.				05192008	Chg-P	CR2E03	4 (12/06)	
City & State			City &	City & State			4	FEI Number 59-3657	071		_ 	plied For t Applicable
Zip		Country	Zıp	Zip Count			5	5. Certificate of Status Desired See Required Fee Required				
	6. Name	Agent		7. Name and Address of New Registered Agent								
A1 0100 14						Name						
ALSIRO, V 6509 DAM TALLAHAS			Street Address			P.O. Box Number is Not Acceptable)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOEE, 1 E	32000										
						City				FL	Zip Code	9
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. am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the prior no												
10.		OFFICERS AND	DIDECTOR		11.			ADDITIONS (C	HANGES TO OF	EICERS AND I	DIECTOR	2 IN 11
TITLE	D	OFFICERS AND	DIRECTORS	Delete	TITL			ADDITIONS/C	HANGES TO OF		Change	Addition
NAME	ALSIRO, WAEL					ıc		••••		•	71 ·	LI Addition
STREET ADDRESS	6509 DAMASCUS CT-					EET ADDRESS 2	241	5 N.1	Lorida Lorida	St. F	C-5]
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TITLE				Delete	TITL						Change	☐ Addition
NAME					NAM	I]
STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP						
	Portify that th	A information supplied with	h this filing d	loss not qualify to			ained in	Chanter 110	Florida Statutos	L further costil	v that the i-	oformation
12. Thereby 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 addresse with all pther like empowered.												or director
_	NAT SIG											
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAME	OF SIGNING OFFICER	DB DIREO	TOR		5	//9/03 Date	Day	ysme Phone #	