


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P0000065331 1. Entity Name SAHARA INC. |  |
|---|---|

| | |
|---|---|
| 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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

05192008 Chg-P CR2E034 (12/06)

| | | | |
|-------------------------|-------------------------|------------------------------------|--|
| City & State Zip | City & State Zip | 4. FEI Number 59-3657071 | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------|-------------------------|------------------------------------|--|

| | |
|---|--|
| 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 |
|---|--|

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---|

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 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ALSIRO, WAEL |
| STREET ADDRESS | 6509 DAMASCUS CT |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2415 N. Monroe St. FC-5 |
| CITY - ST - ZIP | Tall, Florida 32303 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: WALSIRO 5/19/08

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