## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000091168

City-St-Zip:

Entity Name: SAH LAT ENTERPRISES FOR HIRE INC.

FILED Sep 20, 2007 Secretary of State

Littly Na	IIIE. SAITLAT	LIVIERFRISES FOR HIP	KL, INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
3465 BON	ITA BEACH R	OAD					
UNIT 14 BONITA S	PRINGS, FL :	34134					
	lailing Addre		New Maili	ng Address:			
	_		Wew man	ing Addiess.			
	ANEY RIDGE OD, VA 2422						
FEI Number	: 74-2973948	FEI Number Applied For (	) FEI Number Not App	licable ( )	Certificate of Status Desired	( )	
Name and	Address of (	Current Registered Agen	t: Name and	Address of	New Registered Agent:		
4293-A ISL	R, WALTER LAND CIRCLE ERS, FL 3391						
	named entity e of Florida.	submits this statement for	the purpose of changing	its registered	office or registered agent, o	r both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registere	d Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LATHEROW, E	Y RIDGE ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	LATHEROW, D	Y RIDGE ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	LATHEROW, 303 SE 21ST	) Change (X) Addition CHRISTOPHER C AVENUE , FL 33990 US		
Title: Name: Address:	(	) Delete	Title: Name: Address:	VP ( LATHEROW, 934 ROBALO			

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EARL H LATHEROW P 09/20/2007

FORT MYERS, FL 33919 US