2004 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 05-03-2004 90723 016 ***150.00 DOCUMENT # P00000098625 1. Entity Name SAI REALTY, INC. 94080405 Principal Place of Business Mailing Address 5515 SOUTH DIXIE HIGHWAY 5515 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 04072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1051043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - \Box Fee Required 6. Name and Address of Current Registered Agent PATEL, RAKESH DO NOT WRITE 5515 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE D NAME PATEL, RAKESH . 5515 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7tP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 trusted 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

May 03, 2004 8:00 am