


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-03-2005 90096 039 ***150.00

DOCUMENT # P01000024711 1. Entity Name SAILANI, INC.						
Principal Place of Business 4349-7 S. SEMORAN BLVD. ORLANDO FL 32822				Mailing Address 4349 S. SEMORAN BLVD. STE 7 ORLANDO FL 32822		
2. Principal Place of Business 10162 SHADOW CREEK DR		3. Mailing Address 10162 SHADOW CREEK DR				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State ORLANDO, FL 32832		City & State ORLANDO, FL		4. FEI Number 59-3723764		
Zip 32832		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ABDUL SALAM, MOHAMED 4349-7 S. SEMORAN BLVD. ORLANDO FL 32822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE 4-27-05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDULSALAM, MOHAMED 4349-7 S. SEMORAN BLVD. ORLANDO FL 32822 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. MAHAMUD ABDULSALAM 10162 SHADOW CREEK DR ORLANDO, FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-27-05 Daytime Phone #		