


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 11:04

DOCUMENT # P02000015713 1. Entity Name SARAH ENTERPRISE INC.	
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Principal Place of Business 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139	Mailing Address 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139
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06/12/06 90002 011 ^{of} 300.00



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 38-3642498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMAL, SARAH 1560 WASHINGTON AVE UNIT 13 MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: ~~SARAH JAMAL~~ SARAH JAMAL 05/01/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TD	
NAME	SIBAI, TALAL	<input type="checkbox"/>
STREET ADDRESS	1560 WASHINGTON AVE UNIT 13	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	PSD	<input type="checkbox"/>
NAME	JAMAL, SARAH	
STREET ADDRESS	1560 WASHINGTON AVE UNIT 13	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/>
NAME	DON SIBAI	
STREET ADDRESS	1560 WASHINGTON AVE	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: TALAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06 (305) 532-9960
Date Daytime Phone #