

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK



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|--|---|--|--|---|--|
| DOCUMENT # P03000024283 1. Entity Name SABLE CHASE, INC. | | | | | |
| Principal Place of Business 2811 E. INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 | | | Mailing Address 2811 E. INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 03292007 Chg-P CR2E034 (12/06) | | | | 4. FEI Number 43-2001555 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing <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 | D GHAVINI, HOSSEIN <input type="checkbox"/> Delete 2811 E. INDUSTRIAL PLAZA DR. TALLAHASSEE, FL 32301 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GHAVINI, MEHRDAD <input checked="" type="checkbox"/> Delete 2811 E. INDUSTRIAL PLAZA DR. TALLAHASSEE, FL 32301 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000101253000 05/03/07--01005--005 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GHAVINI, MEHRAN <input type="checkbox"/> Delete 2811 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GHAVINI, BEHZAD <input type="checkbox"/> Delete 2811 E INDUSTRIAL PL DR TALLAHASSEE, FL 32301 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President, D Ghavini, Behzad</i> | |
| 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 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: <i>[Signature]</i> | | | 4/24/07 514-1000 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |