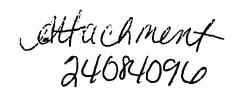
2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90008-005-\$150.00-\$150.00

DOCUMENT # P03000078605 1. Entity Name SAGAR ENTERPRISES, INC.									4 OCT -		12: 15
Principal Place of Business 238 WILSHIRE BOULEVARD SUITE 149 CASSELBERRY, FL 32707			2 S	ailing Address 38 WILSHIRE BOULEV UITE 149 ASSELBERRY, FL 32		 		ECRETA LLAHAS	4 61 11 6 111 6 11	STATE LORIDA	
2. Principal Place of Business			3.	Mailing Address							
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.			08312004	Chg-P	CR2E03	4 (10/03)	
City & State				City & State		4. FELNumb	~~.	101	No	plied For Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired		S8.75 Additional Fee Required		
6. Name and Address of Current Registered Age						Name	7. Name and	Address of New I	Registered A	gent	
JIVANLAL, GADHER J 238 WILSHIRE BOULEVARD				Street Address			(P.O. Box Numb	er is Not Acceptab	le)		
CASSELBERRY, FL 32707											
<u> </u>	<u></u>			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											
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees											
10.	DD	OFFICERS AN	D DIRE		11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS	JIVANLAL, GADHER J									☐ Change	☐ Addition
CITY-ST-ZIP	ST-ZIP CASSELBERRY, FL 32707 CIT									Change	☐ Addition
HAME STREET ADDRESS CITY-ST-ZIP	GADHER, RAMESHLAL J TADORESS 238 WILSHIRE BOULEVARD, SUITE 149						. 1	ı			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	ORGOZE	22.07		☐ Delete	TITE NAM STR	E	PEN 1801			☐ Change	Addition
TITLE				☐ Oelete	tm		····			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	-			eria erianda kerili	STR	AE					,e.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta		I			_	☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida Statutes. I turther 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 cath; 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: 9-3-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (* Date Daysing Profice 8											



25 August 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Sagar Enterprises, Inc. DOC: P03000078605

Dear Sir or Madam:

Pertaining to Sagar Enterprises, Inc., we would like to file our Annual Report for 2004. However, we had not received any correspondence regarding this form, and did not understand the process or the requirements.

Please accept our check for \$150.00 as our filing fee for 2004.

Thank you for your attention to this matter.

Sincerely, Sagar Enterprises, Inc.

Gadher J. Jivanlal