2004 FOR PROFIT CORPORATION ANNUAL REPORT

01-21-2004 90010 024 ***150.00
P03000086254

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000086254

1. Entity Name
S.A.Y. TECHNOLOGIES INC.

Principal Place of Business
2020 ISLAND DRIVE
MIRAMAR, FL 33023

Mailing Address
2020 ISLAND DRIVE
MIRAMAR, FL 33023

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2701 N HIATUS RD	2701 N HIATUS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOPER CITY FL	City & State: COOPER CITY FL
Zip: 33026 Country: USA	Zip: 33026 Country: USA

4. FEI Number 16-1679233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUSAF, ANTHONY
2020 ISLAND DRIVE
MIRAMAR, FL 33023

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 [signature] January 16th 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YOUSAF, ANTHONY	NAME	
STREET ADDRESS	2020 ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] ANTHONY YOUSAF Jan. 16/2004 (954) 538-0166.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #