


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000109439	
1. Entity Name SAINI INC.	
	
Principal Place of Business 5112 ABISHER WOOD LN BRANDON, FL 33511	Mailing Address 5112 ABISHER WOOD LN BRANDON, FL 33511



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1551316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**SAINI, AMARJIT S
5112 ABISHER WOOD LN
BRANDON, FL 33511**

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 _____ U000000933891
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/23/08 80010 000 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINI, AMARJIT S 5112 ABISHER WOOD LN BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAINI, REENA 5112 ABISHER WOOD LN BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amarjit Saini, AMARJIT SAINI

4/23/8 (813) 625-0851

Date

Daytime Phone #