2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 07, 2005 8:00 am Secretary of State 04-07-2005 90016 024 ***150.00

DOCUMENT # P04000158126 1. Entity Name SAI TRADING, INC.								04-07-2005	90016	024 ***1:	50.00
Principal Plac	e of Busines	s									
14423 TAMBOURINE DRIVE 14423 TAMBOURINE DRIVI ORLANDO, FL 32837 US ORLANDO, FL 32837 U					RIVE US						
OKLANDU, FL 32037 03 OKLANDU, FL 32037 03							1 10017001 111	514 51511 6514 5544 56	91 NOBI 61151		
2. Principal P	Place of Busin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03282005	Chg-P	CR2E	034 (10/03)	1
City & State			City & State				4. FEI Number	20-190	מווט		pplied For lot Applicable
Zip	Zip Country		Zip Coun		itry	5. Certificate o	f Status Desired		\$8.75 Ad	Iditional	
6. Name and Address of Current			Registered Agent			1	Fee Required 7. Name and Address of New Registered Agent				
						Name					
PATEL, DIVYALATA 14423 TAMBOURINE DRIVE ORLANDO, FL 32837						Street Address (P.O. Box Number is Not Acceptable)					
OREANDO, FE 32037											_
						City			FI	Zip Cod	de
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. + am familiar with, and accept the obligations of registered agent.											
SIGNATURE 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		DIRECTORS 11.				ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11	
TITLE	P. D Delete			☐ Delete	TITL			•		Change	Addition
NAME STREET ADDRESS	" ",			NAME STREE							
CITY-ST-ZIP	ORLANDO, FL 32837				CITY	-ST-ZIP					
TITLE NAME					TITE: NAM	1				☐ Change	☐ Addition
STREET ADDRESS	l ·					ET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33647					-S1-ZIP					
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CITY-ST-ZIP					CITY	-ST-ZIP					
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TITLE NAME			L	□ Delete	TITLI NAM					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
12. Libereby (ertify that the	e information supplied with	this filing does	not qualify for		-ST-ZiP	ection 119.07/3V/A	Florida Statutes	l further ce	ertify that the	information
12. I hereby certify that the information supplied with this filling 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 five 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 explowered 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 odd the mits all other like empowered.											

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR