

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158854

Entity Name: SABA TRUCKING, INC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1050 S FEDERAL HWY
143
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

1925 NW 15TH STREET
POMPANO BEACH, FL 33069 US

Current Mailing Address:

1050 S FEDERAL HWY
143
DELRAY BEACH, FL 33483 US

New Mailing Address:

1925 NW 15TH STREET
POMPANO BEACH, FL 33069 US

FEI Number: 20-1914068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, DAVID
1050 S FEDERAL HWY
143
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MEDINA, DAVID
1925 NW 15TH STREET
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: DAVID MEDINA

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, DAVID
Address: 1050 S FEDERAL HWY STE 143
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: V () Delete
Name: MEDINA, MAYA
Address: 1050 S FEDERAL HWY STE 143
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEDINA, DAVID
Address: 1925 NW 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: V (X) Change () Addition
Name: MEDINA, MAYA
Address: 1925 NW 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MEDINA

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date