2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-06-2006 90023 028 ***150.00

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DOCUMENT # P05000000545

1. Entity Name
SAYA INTERNATIONAL, INC.

66010699

01182006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~211 NE 8 AVE~~ ~~#303~~ ~~HALLANDALE, FL 33009~~	18999 BISCAYNE BLVD STE 205 AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
201 Golden Isles Dr.	
Suite, Apt. #, etc.: # 307	Suite, Apt. #, etc.
City & State: Hallandale Beach, FL	City & State
Zip: 33009 Country: USA	Zip Country

4. FEI Number: 20-2097157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WONG, LAI SEE ~~211 NE 8 AVE~~ ~~#303~~ ~~HALLANDALE, FL 33009~~	Name: Street Address (P.O. Box Number is Not Acceptable): 201 Golden Isles Dr. # 307 City: Hallandale Bch FL Zip Code 33009

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] DATE: 4/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P WONG, LAI SEE ~~211 NE 8 AVE, 3303~~ ~~HALLANDALE, FL 33009~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 201 Golden Isles Dr. # 307 Hallandale Beach, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Date: 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #