

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000019391

1. Entity Name

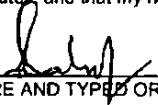
Saam Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2995 S US HW 17-92	3. Mailing Address 2995 S US HW 17-92		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State CASSELBERRY, FL	City & State CASSELBERRY, FL		
Zip 32707	Country 32707	Zip 32707	Country
		4. FEI Number 20-4309629	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name ANWAR, SOHEL			
Street Address (P.O. Box Number is Not Acceptable) 2995 S US HW 17-92			
City CASSELBERRY, FL		FL	Zip Code 32707
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANWAR, SOHEL 2995 S US HW 17-92 CASSELBERRY FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Sohe Anwar.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-09-07

407-831-0500

Date

Daytime Phone #

FILED
Aug 29, 2007 8:00 am
Secretary of State

7. 07-24-2007 90038 041 ***150.00

08-29-2007 90001 030 ***400.00

✓
40130613

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