Page 1022 4/21/2008-90084-011-\$150.00-\$150.00

2008 FOR PROFIT-GORIGORATION ANNUAL REPORT

DOCUMENT # P07000084206 1. Entity Name SADA GROUP, CORP.							FILED 08 MAY 27 AM II: 17					
Principal Place of Business Mailing Address				_					SECRETAR TALLAHASS	Y OF	STATE	
MIAMI BEACH, FL 33141				2701 SOUTH BAYSHORE DR. Suite 602					THEFT ANALYS	EE, F	ORIDA	
C				COCONUT GROVE, FL 33133				66111 (581) 8611) 9811 9811				
2. Principal Place of Business - No P.O. Box # 3.				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	05152008	Chg-P	CR2E	034 (12/06)	
City & State				City & State				4. FEI Numb	080172	5	1 1 1 1 1	plied For ot Applicable
Zip	Zip Country			Zip Country					of Status Desired		\$8.75 Add	fitional
	6. Name	and Address of Curre	nt Regis	stered Agent	1			7. Name and	Address of New R	egistered	•	
ПЕВИУИС	NE7 HASI	EV				Name	ler	nanc	les. Hos	5		
HERNANDEZ, HOSEY 2701 SOUTH BAYSHORE DRIVE					Street Address (P.O. Box, Number is Not Acceptable) 2701 South Bay Shore Drive							
SUITE 602 COCONUT GROVE, FL 33133					Suite			602				
					Cit or only Grove FL 3					L Zip Code	ડ ેંગ	
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.										and accept		
the obligat	Son O	Adoption of	2	Signaliza	, <u>L</u>	Lace .	$\perp \perp$	•	des	.5/	15/08	
SIGNATURES	Signature, typed	or printed name of registered age	ent and title	if applicable. (NOT	E: Registere	d Agent signature	required	when reinstating)	<u> </u>	DATE	<u>~708</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.						.00 May Be ed to Fees						
10.	,	OFFICERS AN	ID DIRE	CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AN	O DIRECTOR	S IN 11
TITLE NAME	P NHEM, SARAH			Delete TITE							☐ Change	Addition
STREET ADORESS				STRI		EET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH, FL 33139					Y-ST-ZIP						
TITLE NAME				☐ Defete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS •ST-ZIP						
CITY-ST-ZIP	<u> </u>			☐ Delete	TITL						☐ Change	☐ Addition
NAME				ELI DOIGIO	NAM	BE						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP			•			
TITLE				☐ Delete	TITL	E					Change	☐ Addition
name Street address					NAM	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
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name Street address					NAM STRE	EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL						Change	Addition
name Street address	[NAM STRE	EET ADDRESS					1/C6/	2
CITY-ST-ZIP						-ST-ZIP						
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.												

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P07000084	(
Principal Plac		Mailing Address			1				
6538 COLLII Miami Beaci		SUITE 602	2701 SOUTH BAYSHORE DR. SUITE 602 COCONUT GROVE, FL 33133			IM 1111 1117 III 1117 31 1	# 001F14F11 01F0 41F1 61F1		
2. Principal P	Mace of Business - No P.O. Box #	3. Malling Address	3. Malling Address						
Suite, Apt.		Suite, Apt, #, etc.				Chg-P	CR2E034 (12/0	<u> </u>	
City & Stat		City & State						Applied For Not Applicable	
Žip	Country	Zip	Country	<u></u>		Status Desired	□ \$8.75 A Fee Requ	dditional ired	
	6. Name and Address of Current	Registered Agent		Name :		1 1	Registered Agent		
HERNANDEZ, HOSEY 2701 SOUTH BAYSHORE DRIVE SUITE 602				Street Address (P	nancio 20. Box Number 500 th		ss forc Or	ivc	
COCONU	r GROVE, FL 33133		Sui				1		
	· /2.				Grove		FL 33	<u> </u>	
The above the obligat	named entity's chils this statement to ions of registered agent:	r the purpose of changing its	registered	office or registere	ed agent, or both	, in the State of Fk	orida. I am lamiliar wit	h, and accept	
SIGNATURE HOSE Hernandez 4/17/08									
Glogon Ones	Signature for end of printed name of registered agent of	ind tife if applicable. (NOTE:	: Registered A	igent signature required v	enen reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	ing \$5.0 Adde	00 May Be d to Fees						
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME	P NHEM, SARAH PPŠ	☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS City-St-Zip	821 WASHINGTON AVENUE MIAMI BEACH, FL 33139		STREET A	ADDRESS L. 7/P					
TITLE	MINMI BENOT, I'E 00109	☐ Delate	TITLE				☐ Change	Addition	
NAME			NAME	4 DODGED					
STREET ADDRESS City-St-Zip	•		CITY-ST	ADORESS 1-ZIP					
TITLE		Delete Title					Crenge	Addition	
NAME STREET ADDRESS	,		name Street a	ADDRESS					
CITY-ST-ZIP	:		CITY-ST-	1-7IP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
Street Address	₩,		STREET A					ĺ	
CITY-ST-ZIP		☐ Dalide	CITY-ST-	-7JP		-	Change	☐ Addition	
NAME			NAME				E Change		
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME CTREET ADDRESS			KAME Street a	annores					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-						
12. Thereby certify that the information supplied with this fixing 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 occurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustery impowered 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 en attachment with an applicase, with all other like empowered.									
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SIGNATURE: SIGNATURE PUT THED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR Company Day Company Promis 1								4: 93 <i>9</i> 3	
									