

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000055921

Entity Name: SAHA INSURANCE, INC.

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

200 SE 15TH RD  
APT 7I  
MIAMI, FL 33129

**New Principal Place of Business:**

458 NW 79TH STREET  
MIAMI, FL 33150

**Current Mailing Address:**

200 SE 15TH RD  
APT 7I  
MIAMI, FL 33129

**New Mailing Address:**

20304 SW 82ND PL  
MIAMI, FL 33189

FEI Number: 26-2759152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAHAGUN, RAUL  
200 SE 15TH RD  
APT 7I  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

SAHAGUN, RAUL  
20304 SW 82ND PL  
MIAMI, FL 33189 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: RAUL SAHAGUN

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAHAGUN, RAUL  
Address: 20304 SW 82ND PL  
City-St-Zip: MIAMI, FL 33189 US

I hereby 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 all other like empowered.

SIGNATURE: RAUL SAHAGUN

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date