2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031417

FILED
Apr 28, 2009
Secretary of State

Entity Name: SABA INC.

Current Principal Place of Business:	**New Principal Place of Business:**
624 W HALLANDALE BEACH BLVD HALLANDALE, FL 33009	

Current Mailing Address:	**New Mailing Address:**
624 W HALLANDALE BEACH BLVD HALLANDALE, FL 33009	

FEI Number: 65-0579743   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HAROON, ISMAIL 1110 SW 191 TER PEMBROKEPINES, FL 33029 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: _____

          Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P	( ) Delete	Title:	( ) Change ( ) Addition
Name:	HAROON ISMAIL		Name:	
Address:	624 W HALLANDALE BEACH BLVD		Address:	
City-St-Zip:	HALLANDALE, FL 33009		City-St-Zip:	
Title:	S	( ) Delete	Title:	( ) Change ( ) Addition
Name:	ZAKIRIA, ARSHAD		Name:	
Address:	624 W HALLANDALE BEACH BLVD		Address:	
City-St-Zip:	HALLANDALE, FL 33009		City-St-Zip:	
Title:	O	( ) Delete	Title:	( ) Change ( ) Addition
Name:	ABID, ABDUL A		Name:	
Address:	624 W HALLANDALE BCH BLVD		Address:	
City-St-Zip:	HALLANDALE, FL 33009		City-St-Zip:	
Title:	O	( ) Delete	Title:	( ) Change ( ) Addition
Name:	MOTEN, ANWAR		Name:	
Address:	624 W HALLANDALE BCH BLVD		Address:	
City-St-Zip:	HALLANDALE, FL 33009		City-St-Zip:	

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: HAROON ISMAIL   P   04/28/2009
_____
Electronic Signature of Signing Officer or Director   Date