

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000031417

Entity Name: SABA INC.

FILED
Jul 07, 2009
Secretary of State

Current Principal Place of Business:

624 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

624 W HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0579743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAROON, ISMAIL
1110 SW 191 TER
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAROON ISMAIL
Address: 624 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: ZAKIRIA, ARSHAD
Address: 624 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: O () Delete
Name: ABID, ABDUL A
Address: 624 W HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: O () Delete
Name: MOTEN, ANWAR
Address: 624 W HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ZAKERIA, ARSHAD
Address: 624 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: ISMAIL, MAHMOOD H
Address: 624 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

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

07/07/2009

Electronic Signature of Signing Officer or Director

Date