2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000033754

1. Entity Name



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90153 002 ***150.00

SAISHA	TECHNOLOG	GY AND CIRCU	ITS, INC.							
Principal Place of Business **********************************			Mailing Address 6010:W-LEITNER-DR CORAL SPRINGS FL 33067 US							
5100		Os sur		COPAUS R						
	NITE SOO		Suite, Apt. #, etc.	00		CHE	ECK HERE IF N	MAKING CHANG	ES	
City & St	ate RRGATE	FL	City & State MARGATE	FL	4.	. FEI Number 65- (0606362		Applied For Not Applicable	e
Zip 330		Country	Zip 33063	Country	5.	. Certificate of Status	s Desired	\$8.75 Fee Rec	Additional	
	6. Name and	Address of Current	Registered Agent	- .	7.	Name and Addres	s of New Regis			\dashv
KESSLEF	R, ELLIOT	m	m was summer and the same	Name		•				
	eridan street Ood FL 33021	•		Street Ac	dress (P.O.	Box Number is Not	Acceptable)			4
HOLLTW	UUD FL 33021			- Cin.		 	***			4
8. The abov	e named entity sul	bmits this statement fo	or the purpose of changing its	City	renistered a	agent or both in the	State of Florida	- F L	Code	
the obliga	ations of registered	l agent.	The period of straing ing its	ogiciorea emico em	-ogiotoroa a	gont or boat, in the	olate of Florida	a. Tamaamiila v	пп, апо ассерг	
SIGNATURE		nted name of registered agent	and litle if applicable. (NOTE	: Registered Agent signatu	e required when	reinstating)		DATE		
	FILE NOW!!! F			- 		A Flanting Co				\dashv
		ee will be \$550.00 orlda Department o	f State				mpaign Financ Contribution.	~ ~	5.00 May Be Ided to Fees	
10.		OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGI	ES TO OFFICE	RS AND DIRECT	ORS IN 11	\dashv
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6237100

Daytime Phone #