

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039694 (0)

1. Corporation Name
SAAD SANA NIDA, INC.

Principal Place of Business
6941 CARLYLE AVENUE, SUITE 202
MIAMI BEACH FL 33141

Mailing Address
6941 CARLYLE AVENUE, SUITE 202
MIAMI BEACH FL 33141

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
24 Zip
25 Country

2a. Mailing Address
26 P.O. Box 415514
27 Suite, Apt #, etc.
27 MIAMI BEACH
28 City & State
28 FL
29 Zip
29 33141
30 Country
30 Dade

3. Date Incorporated or Qualified
05/08/1996

4. FEI Number
65-0691215

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
NINI, A. G.
6491 CARLYLE AVE #202
MIAMI FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent and the applicant
(NOTE: Registered Agent Signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
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CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Nimin A. G. NENT : 4/20/08 (30C) 4488888