

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044580

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: SAI PARTNERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1620 SW 149TH AVE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

164 NW 89TH ST.  
MIAMI, FL 33150

**Current Mailing Address:**

1620 SW 149TH AVE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

164 NW 89TH ST.  
MIAMI, FL 33150

FEI Number: 65-0753734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NADH L.N. KONE, PHANENDHAR  
1620 SW 149TH AVE  
PEMBROKE PINES, FL 33027 US

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

NADH L.N. KONE, PHANENDHAR  
164 NW 89TH ST.  
MIAMI, FL 33150 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: PHANENDHARNADH L.N. KONE

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KONE, PHANENDHARNADH L  
Address: 1620 SW 149TH AVE  
City-St-Zip: PEMBROKES PINES, FL 33027 US

Title: D (X) Delete  
Name: KONE, BHAVANI P  
Address: 1620 SW 149TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33027 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KONE, PHANENDHARNADH L  
Address: 164 NW 89TH ST.  
City-St-Zip: MIAMI, FL 33150 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHANENDHARNADH L. N. KONE

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date