## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # P 97000 92 636  1. Entity Name		05-02-2003 90426 034 ***158.75
SADIR INVESTMENT GROUP	INC.	
DO NOT WRITE IN THIS S	SPACE /	
2. Principal Place of Business 2103 Sycamore Lane East 2103 Sycamore Lane East		-
Suite, Apt. #, etc. Suite, Apt. #, etc.	ore Lane Easi	DO NOT WRITE IN THIS SPACE
Plant City Florida Plant City	· Florida	4. FEI Number 65-0790875 Applied For Not Applicable
Zip 33566 Country S.A Zip 33566	Country U. S. A	5. Certificate of Status Desired \$8.75 Additional Fee Required
	Name CO	7. Name and Address of Current Registered Agent
DO NOT WRITE	· · · · · · · · · · · · · · · · · · ·	TIZ-GARCIA RICARDO (P.O. Box Number is Not Acceptable)
IN THIS SPACE	2103 5	yeamore Lane East
city Pla		ent City FL 33566
8. The above named entity submits this statement for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE Signature. Typedi or printed name of registerest agent and this Kapplicable. (No	OTE: Registered Agent signature require	ad when relivstating) DATE
Tax filing requirement and elects to do so.  After Ma Amend	May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 vable to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
111. OFFICERS AND DIRECTORS		
NAME ORTIZ-GARCIA RICARDO	TITLE NAME	
STREET ADDRESS 2103 Sycamore Lanc East CITY-ST-ZP Plant City FLorida 33566	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME Street adoress	
CHY-ST-73P	CITY-ST-ZIP	
TITLE : NAME	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADORESS CITY-ST-ZIP	DO NOT WRITE
THE	TITLE .	IN THIS SPACE
NAME STREET ADDRESS	NAME STREET ADDRESS	III IIIIO OI AGE
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	TITLE NAME	}
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-SI-ZIP TITLE	
NAME CIRECT ADDRESS	NAME.	
STREET ADDRESS CITY-51-ZIP	STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee emptiwered to execute this repattachment with an address, with all other like expresses.	for the exemption stated in S It my signature shall have the port as required by Chapter (	ection 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes; and that my name appears in Block 11 or on an (813)