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2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034850
1. Entity Name
SAHARA DISCOUNT KNIGHT, INC

FILED

04 AUG 12 AM 11:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12140 COLLEGIATE WAY Suite, Apt. #, etc. 170	3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32817	Country
Zip 32817	Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-24

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3276463		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name IBRAHIM, NUMAN		
Street Address (P.O. Box Number is Not Acceptable) 12140 COLLEGIATE WAY STE. 170			
City ORLANDO		FL	Zip Code 32817

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IBRAHIM, NUMAN 12140 COLLEGIATE WAY STE. 170 ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040360055 08/20/04--01041--007 **450.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR August 11 2004 407 382 9665 Date Daytime Phone #

B 282

SAHARA DISCOUNT KNIGHT, INC
12140 COLLEGIATE WAY, STE. 170
ORLANDO FL 32817

August 10, 2004

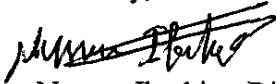
Florida Department of Revenue
Division Of Corporations, U.B.R
P.O.Box 1500
Tallahassee, FL 32303-1500

Dear Sir or Madam:

As per the review of our records, indicated that we were not in receipt of the annual corporate renewal from your office. Upon discussion with your office, and with their suggestion, we are enclosing the check for the amount of \$ 450.00, representing \$ 150.00 for the years 2002, 2003 and 2004.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Numan Ibrahim, Director