2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

FILED Apr 16, 2007 8:00 am Secretary of State

Daytime Phone #

* ANNUAL REPURI	Decretary of State
DOCUMENT # \$65511 1. Entity Name SAHEL CORP.	04-16-2007 90042 004 ***150.00
Principal Place of Business 7213 N.W. 12TH STREET MIAMI, FL 33126 Mailing Address 7213 N.W. 12TH STREET MIAMI, FL 33126 MIAMI, FL 33126	S INDIVIDUO E INDIVIDUO ENIME INDIVIDUO ENIME INDIVIDUO ENIME INDIVIDUO ENIME INDIVIDUO ENIME INDIVIDUO ENIME
DO NOT WRITE IN THIS SPA	01042007 No Chg-P CR2E034 (11/05) 4. FEI Number
JALALI-BIDGOLI, HASSAN 7213 NW 12 ST MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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 FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution.	
Aiter may 1, 2007 ree will be \$550.00	
10. OFFICERS AND DIRECTORS TITLE PSD NAME JALALI BIDGOLI, HASSAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurred 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 an interface empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR