


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # V34257 1. Entity Name SAFF INC.	
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Principal Place of Business 9612 SW 117 AVE MIAMI, FL 33156 US	Mailing Address 9612 SW 117 AVE MIAMI, FL 33156 US
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04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0328011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAHIMULLAH, AISHA 9612 SW 117 AVENUE MIAMI, FL 33186

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHIMULLAH, AISHA 9612 SW 117 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHIMULLAH, MOHAMMED 9612 SW 117 AVE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000749843 05/18/07-60039-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MOHAMMED FAHIMULLAH** **4.25.07** **305 271 3564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #