


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90023 046 ***150.00

DOCUMENT # P97000023584			
1. Entity Name SAAD INVESTMENT, INC.			
Principal Place of Business 4526 TRANSPORT DR. TAMPA, FL 33605		Mailing Address 4526 TRANSPORT DR. TAMPA, FL 33605	
2. Principal Place of Business - No P.O. Box # <i>4001 East Lake Avenue</i>		3. Mailing Address <i>PO Box 290382</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa, FL</i>		City & State <i>Tampa FL</i>	
Zip <i>33610</i>		Zip <i>33687</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3435658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAAD, YASIN 4526 TRANSPORT DR. TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4001 East Lake Avenue</i> City <i>Tampa</i> FL Zip Code <i>33610</i>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAAD, YASIN 6215 SOUTH QUEENSWAY TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> YASIN SAAD <i>17349 Emerald Chase Dr.</i> <i>Tampa FL 33647</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Yasin Saad</i>		Date: <i>4-8-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	