


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90234 026 ***158.75

DOCUMENT # P97000023584

1. Entity Name
SAAD INVESTMENT, INC.



Principal Place of Business: **5520 E. GIDDENS AVE. TAMPA FL 33610**

Mailing Address: **PO BOX 290382 TAMPA FL 33687**

2. Principal Place of Business: **4526 Transport Dr.**

3. Mailing Address: **4526 Transport Dr.**

Suite, Apt. #, etc.: _____


City & State: **Tampa FL 33605**

City & State: **Tampa FL**

Zip: **33605** Country: **USA**

Zip: **33605** Country: **US**

94071825



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SAAD, YASIN
6215 SOUTH QUEENSWAY
TAMPA FL 33617

4. FEI Number: **59-3435658**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

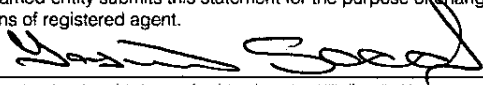
7. Name and Address of New Registered Agent

Name: **YASIN SAAD**

Street Address (P.O. Box Number is Not Acceptable): **4526 Transport Dr.**

City: **Tampa** State: **FL** Zip Code: **33605**

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:  DATE: **4-20-04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	SAAD, YASIN
STREET ADDRESS	6215 SOUTH QUEENSWAY
CITY-ST-ZIP	TAMPA FL 33617
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-15-04** 813-241-4601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #