

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000017670

Entity Name: SAVAGE LABS INC**Current Principal Place of Business:**219 NW 20TH ST
STE 103
MIAMI, FL 33127**Current Mailing Address:**2451 NW 5TH AVE STE B
MIAMI FL, FL 33127 US**FEI Number:** 84-5032853**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOROVSKY, JOYCI L
251 174TH ST
1409
SUNNY ISLES BEACH, FL 33160 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BOROVSKY, JOYCI L
Address	251 174TH ST APT 1409
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	VP
Name	ROBERTS, GRANT J
Address	251 174TH ST APT 1409
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	VICE PRESIDENT
Name	VELLEMAN, SEBASTIAN
Address	9437 NW 2ND PL
City-State-Zip:	MIAMI SHORES FL 33150

Title	VICE PRESIDENT
Name	SAYEGH, NANCY
Address	9437 NW 2ND PL
City-State-Zip:	MIAMI SHORES FL 33150

Title	VICE PRESIDENT
Name	GONZALEZ BLANCO, SAMUEL
Address	1690 NW 191 ST #309
City-State-Zip:	MIAMI FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCI BOROVSKY**PRESIDENT****04/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date