2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000007738

1. Entity Name
SAE ENTERPRISES, INC.

FILED
08 JUL 16 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2615 BRENTWOOD ROAD BEXLEY, OH 43209	2615 BRENTWOOD ROAD BEXLEY, OH 43209

07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3610512
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BDB AGENT CO.
5355 TOWN CENTER ROAD, SUITE 900
BOCA RATON, FL 33486

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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
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MENDELSON, AVA G
STREET ADDRESS	2615 BRENTWOOD ROAD
CITY-ST-ZIP	BEXLEY, OH 43209
TITLE	VCT
NAME	MENDELSON, EDWARD
STREET ADDRESS	2615 BRENTWOOD ROAD
CITY-ST-ZIP	BEXLEY, OH 43209
TITLE	DS
NAME	MENDELSON, JORDAN
STREET ADDRESS	2615 BRENTWOOD ROAD
CITY-ST-ZIP	BEXLEY, OH 43209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200133142632
07/18/08--01044--002 **150.00

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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: Edward Mendelson Treasurer 7/8/08 614-519-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD MENDELSON

7/16