

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F88246

1. Entity Name
SALVADOR, INC.



Principal Place of Business
**C/O DORIS ITALIAN MARKET
2424 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address
**% MARIA ALFANO
2424 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**



01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2204231

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALFANO, MARIA
10312 NW. 24 PLACE
#304
SUNRISE, FL 33322**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALFANO, MARIA
STREET ADDRESS	10312 N.W. 24 PLACE, #304
CITY-ST-ZIP	SUNRISE, FL
TITLE	S
NAME	ALFANO, JOSEPH
STREET ADDRESS	1600 N.W. 100TH WAY
CITY-ST-ZIP	PLANTATION, FL
TITLE	T
NAME	ALFANO, JOHN
STREET ADDRESS	12117 NW 9TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000008663
01/20/04-80070-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ALFANO - TREAS

Date

1/15/04

Daytime Phone #

954-744-1055