

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88246

Entity Name: SALVADOR, INC.

FILED  
Apr 15, 2011  
Secretary of State

**Current Principal Place of Business:**

C/O DORIS ITALIAN MARKET  
2424 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DORIS ITALIAN MARKET  
2424 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 59-2204231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: ALFANO, MARIA  
Address: 10312 N.W. 24 PLACE, #304  
City-St-Zip: SUNRISE, FL

Title: S  
Name: ALFANO, JOSEPH C  
Address: 1600 N.W. 100TH WAY  
City-St-Zip: PLANTATION, FL

Title: T  
Name: ALFANO, JOHN S  
Address: 12117 NW 9TH DR  
City-St-Zip: CORAL SPRINGS, FL

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: JOHN ALFANO

TREA

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date