


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F94000000880 1. Entity Name SALOV NORTH AMERICA CORP.	
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Principal Place of Business 225 RT 17 S HACKENSACK, NJ 07601 US	Mailing Address 255 RT 17 S HACKENSACK, NJ 07601 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2583827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THRIFT, WILLIAM S
1005 EDMINSTON PLACE
LONGWOOD, FL 32779**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FONTANA, ALBERTO 255 RT 17 S HACKENSACK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MUELLER, B T 255 RT 17 S HACKENSACK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOS STEWART, WILLIAM 255 RT 17 SOUTH HACKENSACK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT FRISCA, ANTHONY 2555 RT 17 S HACKENSACK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/08-80096-001 150.00

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IN THIS SPACE**

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 lists empowered.

SIGNATURE: William S. Thrift 3/21/08 201-525-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #