2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# F94000000880

Entity Name: SALOV NORTH AMERICA CORP.

Current Principal Place of Business:

225 RT 17 S
HACKENSACK, NJ 07601 US

New Principal Place of Business:

Current Mailing Address:

255 RT 17 S
HACKENSACK, NJ 07601 US

New Mailing Address:

FEI Number: 11-2583827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THRIFT, WILLIAM S
1005 EDMINSTON PLACE
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VC	( ) Delete
Name:	FONTANA, ALBERTO	
Address:	255 RT 17 S	
City-St-Zip:	HACKENSACK, NJ	
Title:	PST	( ) Delete
Name:	MUELLER, B T	
Address:	255 RT 17 S	
City-St-Zip:	HACKENSACK, NJ	
Title:	VPOS	( ) Delete
Name:	STEWART, WILLIAM	
Address:	255 RT 17 SOUTH	
City-St-Zip:	HACKENSACK, NJ	
Title:	VPCT	( ) Delete
Name:	FRISCA, ANTHONY	
Address:	2555 RT 17 S	
City-St-Zip:	HACKENSACK, NJ	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPCT	(X) Change ( ) Addition
Name:	FRISCA, ANTHONY	
Address:	255 RT 17 S	
City-St-Zip:	HACKENSACK, NJ	
Title:	VP	( ) Change (X) Addition
Name:	SCHEIBER, DAVID	
Address:	255 RT 17 S	
City-St-Zip:	HACKENSACK, NJ 07601	
Title:	CFO	( ) Change (X) Addition
Name:	SANTULLI, WILLIAM A	
Address:	255 RT 17 S	
City-St-Zip:	HACKENSACK, NJ 07601	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A. SANTULLI CFO 03/31/2009

Electronic Signature of Signing Officer or Director Date