


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # K33454 1. Entity Name S.A.W. MANAGEMENT INC	
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Principal Place of Business 7760 WEST 20TH AVENUE SUITE #1 HIALEAH, FL 33016	Mailing Address 7760 WEST 20TH AVENUE SUITE #1 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0077068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLEVAT, HECTOR
7760 W. 20 AVE
SUITE #1
HIALEAH, FL 33016

**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, 2005 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	PD WEINTRAUB, SAMUEL 7431 BAY VIEW DRIVE N. BAY VILLAGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEINTRAUB, ABRAHAM 7431 BAY VIEW DRIVE N. BAY VILLAGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEINTRAUB, ALMA 7431 BAYVIEW DRIVE N. BAY VILLAGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000317855
04/20/05-80035-021 150.00

**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)(f), 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: Sam Weintraub 04/18/05 (305) 579398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #