2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K39548

1. Entity Name
SAUVAGE INT'L, INC.

Principal Place of Business	Mailing Address
701 SW 100 AVE PEMBROKE PINES, FL 33025 US	701 SW 100 AVE PEMBROKE PINES, FL 33025 US

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0077977	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, SHAOL
701 S.W. 100TH AVE.
PEMBROKE PINES, FL 33025

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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, 2007 Fee will be $550.00

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

00000067033?
03/27/07-80106-021 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	LEVY, SHAOL	
STREET ADDRESS	701 SW 100TH AVE	
CITY-ST-ZIP	PEMBROKE PINE, FL 33025	
TITLE	TS	
NAME	SALSTEIN, GLORIA	
STREET ADDRESS	7781 TRENT DRIVE "F"	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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 like empowered.

SIGNATURE: _____   3/15/07   954-437-8501

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