



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L61068		
1. Entity Name SAVE & EARN MARKETING CORP.		
Principal Place of Business 1000 W MCNAB RD POMPANO BCH., FL 33069		Mailing Address 1000 W MCNAB RD POMPANO BCH., FL 33069
DO NOT WRITE IN THIS SPACE		
		 01032007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0177558		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KANFER, JACK 1000 WEST MCNAB RD POMPANO BEACH, FL 33069		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 <u>JACK KANFER</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>12-31-06</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000579178 01/09/07-80060-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANFER, JACK 1000 MCNAB RD POMPANO BCH., FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LEWIS 3200 N OCEAN BLVD 409 FT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>JACK KANFER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>12/31/06</u> <small>Date</small> Daytime Phone #