


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N12012	
1. Entity Name SAL'S SAVE A LIFE, INC.	

Principal Place of Business C/O SALVATORE J. BELLASSAI, SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334	Mailing Address C/O SALVATORE J. BELLASSAI, SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2306541	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 BELLASSAI, SALVATORE J., SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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 BELLASSAI, SALVATORE J. SR. 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BELLASSAI, SALVATORE J. SR. 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLASSAI, SHIELA 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLASSAI, JOHN 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/05-80057-025 61.25

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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 617, 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: *Shula Bellassai* 3/18/05 954-564-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #