

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
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**



04032007 - No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2306541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELLASSAI, SALVATORE J. SR.
STREET ADDRESS	4033 NE 9TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	VST
NAME	BELLASSAI, SALVATORE J. SR.
STREET ADDRESS	4033 NE 9TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	D
NAME	BELLASSAI, SHIELA
STREET ADDRESS	4033 NE 9TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	D
NAME	BELLASSAI, JOHN
STREET ADDRESS	4033 NE 9TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80032-010 61.25

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IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

954-564-8488

Date

Daytime Phone #