FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90036 029 ***150.00

DOCUMENT # P00000063539

1. Entity Name

La Salvatiere, Inc.

DO NOT WRITE IN THIS SPACE

24018633

2. Principal Place of Business	3. Mailing Address
6847 Stirling	6847 Stirlingg
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie	City & State: Davie
Zip: 33314 Country: US	Zip: 33314 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2253237 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: David Torchin, C.P.A.

Street Address (P.O. Box Number is Not Acceptable):

8211 WEST BROWARD BLVD STE 200

City: PLANTATION **FL** Zip Code: 33324

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 _____ 03/05/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	Perez, Gerard
STREET ADDRESS	5985 Buena Vista Ct.,
CITY-ST-ZIP	Boca Raton, Fl 33433
TITLE	S
NAME	Cabanettes, Christian
STREET ADDRESS	8999 Sw 52nd Street
CITY-ST-ZIP	Cooper City, Fl 33328
TITLE	P
NAME	Salvat, Guy
STREET ADDRESS	12011 Glenmore Drive,
CITY-ST-ZIP	Coral Springs, Fl 33071
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Christian Cabanettes 03/05/04 954-587-3876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #