## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 20, 2005 08:00 AM **DOCUMENT # P01000077634 Secretary of State** 1. Entity Name SAULSAR ENTERPRISES CORP. Mailing Address Principal Place of Business 140 SE 5TH AVE. BOCA RATON, FL 33432 140 SE 5TH AVE. BOCA RATON, FL 33432 DO NOT WRITE IN THIS SPACE 01142005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-1127464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П the state of the same of the same of the same Fee Required 6. Name and Address of Current Registered Agent SOBLE, STEPHEN DO NOT WRITE 140 SE 5TH AVE. BOCA RATON, FL 33432 IN THIS SPACE লক্ষ্যালয় ক্রিটির ক্রিয়ার বিশ্বর 5. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. the second state of the second second TITLE Carrier to the form of the following specification is SOBLE, STEPHEN NAME STREET ADDRESS 140 SE 5TH AVE CITY-ST-ZIP BOCA RATON, FL 33432 01/24/05-80013-013 150.00 FITT F NAME SOBLE, STEPHEN 140 SE 5TH AVE STREET ADDRESS CITY - ST - ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS The section of the section of the section of the CITY-ST-ZIP THE THE THE DESTRUCTION TWO THE PROTECTION TITLE NAME STREET ADDRESS Party J. A. Carre CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

**FILED**