

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90008 045 \*\*\*150.00

<b>DOCUMENT # P01000077634</b> 1. Entity Name <b>SAULSAR ENTERPRISES CORP.</b>					
Principal Place of Business <b>300 SE 57TH AVE</b> <i>300 SE 5TH AVE</i> <b>BOCA RATON, FL 33432</b> <i>APT 5140</i>				Mailing Address <b>300 SE 57TH AVE</b> <i>300 SE 5TH AVE</i> <b>BOCA RATON, FL 33432</b> <i>APT 5140</i>	
2. Principal Place of Business - No P.O. Box # <b>300 SE 5TH AVE</b>		3. Mailing Address <b>300 SE 5TH AVE</b>			
Suite, Apt. #, etc. <b>5140</b>		Suite, Apt. #, etc. <b>5140</b>			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>			
Zip <b>33432</b>		Country 		Zip <b>33432</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>SOBLE, STEPHEN</b> <b>300 SE 5TH AVE APT 5140</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>SAULSAR ENTERPRISES CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 SE 5TH AVE</b> <b>APT 5140</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>	
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><i>Stephen Soble</i></u> DATE <u><i>2/26/07</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBLE, STEPHEN 300 SE 5TH AVE APT 5140 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOBLE, STEPHEN 300 SE 5TH AVE APT 5140 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Stephen Soble</i></u> DATE <u><i>2/26/07</i></u> DAYTIME PHONE # <u><i>561 347 9767</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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4. FEI Number 65-1127464 Applied For Not Applicable

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