## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000030525

Name:

Address:

City-St-Zip:

5660 CR 561

CLERMONT, FL 34714

**FILED** Apr 30, 2007 Secretary of State

Entity Name: SALVATORE'S, INC. **Current Principal Place of Business: New Principal Place of Business:** 151 W. HWY. 50 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 151 W. HWY. 50 CLERMONT, FL 34711 FEI Number: 03-0416921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TIRRI, ANTHONY 151 W. HWY. 50 CLERMONT, FL 34711 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition TIRRI, JEAN TIRRI, JEAN Name: Name: 8022 LAKE NELLIE RD 150 CARR SECTOR CENTRAL Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CAROLINA, PR 00979 ( ) Delete Title: Title: () Change () Addition TIRRI, ANTHONY Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY TIRRI 04/30/2007 S