

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 16, 2007 8:00 am  
Secretary of State

05-16-2007 90015 019 \*\*\*550.00

DOCUMENT #	P04000012454
1. Entity Name	
CHRIS SALVATORE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4370 LA SALLE AVENUE Suite, Apt. #, etc.		3. Mailing Address 4370 LA SALLE AVENUE Suite, Apt. #, etc.	
City & State ST. CLOUD, FL		City & State ST. CLOUD, FL	
Zip 34772	Country	Zip 34772	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0533972		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name CHRIS SALVATORE	
Street Address (P.O. Box Number is Not Acceptable) 4370 LA SALLE AVENUE	
City KISSIMMEE	FL Zip Code 34772

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: Chris Salvatore CHRIS SALVATORE DATE: 4/13/07

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRIS SALVATORE 4370 LA SALLE AVENUE ST. CLOUD, FL 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Chris Salvatore CHRIS SALVATORE DATE: 4/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR