

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-04-2006 90215 023 ***150.00

DOCUMENT # P05000032096			
1. Entity Name SALAV, INC			
Principal Place of Business 6021 MEDICI CT 102 SARASOTA, FL 34243 US		Mailing Address 6021 MEDICI CT 102 SARASOTA, FL 34243 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3427189		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAY, JIM 3984 SR 64 E BRADENTON, FL 34208		7. Name and Address of New Registered Agent Name M. Dennis Monrak, CPA Street Address (P.O. Box Number is Not Acceptable) 1903 Northgate Blvd. City SARASOTA FL Zip Code 34240	
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>M. Dennis Monrak</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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 ASFUR, SAMUEL J 6021 MEDICI CT 102 SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT ASFUR, LYNN M 6021 MEDICI CT 102 SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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>K. A. 27/06</u> Signature and typed or printed name of signing officer or director		Date <u>07/05/2006</u> Daytime Phone # <u>921-6055</u>	

66021250



04262008 Chg-P CR2E034 (11/05)

ATTACHMENT

66021250
#P05000032096

M. DENNIS MODRAK, CPA
P. O. Box 20488
Sarasota, FL 34276
941-504-4510

April 19, 2006

SALAV, INC.

This is a reminder that your **2006 Corporation Annual Report** is due on **May 1, 2006**.

Please review and correct any information on the attached Annual Report.

The amount due is **\$150.00**, make a check payable to:

Florida Department of State

Sign and mail in enclosed envelope to:

Division of Corporations
P. O. Box 1500
Tallahassee, FL. 32302-1500

Thank you,

M. Dennis Modrak, CPA

jch

CLIENT COPY

ATTACHMENT

66021250

P05000032096

SALAV, INC
6021 Medici Court
#102
Sarasota, Florida 34243

Florida Department of State
Division of Corporations
P.O. Box 500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I just received the letter from you stating that the report has not been filed due to a signature not on the sheet by the registered agent.

The letter is dated on May 24th but was not received until the week of June 19th in which there was no way I could comply within the 30 day time period due to the registered agent being out of town, in which I could not obtain his signature.

I would appreciate any consideration to having the \$400 late fee waived.

Sincerely,



Samuel J. Asfur