Aug 14 08 01:38p Strickland C P A 321

9/10/2008-90001-002-$150.00-$150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 26 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000033138.

1. Entity Name
SAUL VENTURA SAVE GRASS INC

Principal Place of Business	Mailing Address
949 PINELAND DRIVE ROCKLEDGE, FL 32955 US	949 PINELAND DRIVE ROCKLEDGE, FL 32955 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. # etc.
City & State
Zip Country

08142008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8625935 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VENTURA, SAUL
949 PINELAND DRIVE
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

10.			11.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VENTURA, SAUL 949 PINELAND DRIVE ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTO BARRERA 949 PINELAND DR ROCKLEDGE FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/26	☐ 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: [signature] SAUL VENTURA 9-8-08 321-863-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #