

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034200

Entity Name: SAVEURS DE FRANCE, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

704 COACH LIGHT DR.
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

704 COACH LIGHT DR.
NO. 461
FERN PARK, FL 32730 US

New Mailing Address:

704 COACH LIGHT DR.
FERN PARK, FL 32730 US

FEI Number: 59-3312993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULIN, RAMSEY W
201 E. PINE STREET
SUITE 425
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BIGOSINSKI, NICOLAS
Address: 704 COACH LIGHT DR.
City-St-Zip: FERN PARK, FL 32730

Title: P () Delete
Name: BIGOSINSKI, NICOLAS
Address: 704 COACH LIGHT DR.
City-St-Zip: FERN PARK, FL 32730

Title: T () Delete
Name: BIGOSINSKI, NICOLAS
Address: 704 COACH LIGHT DR.
City-St-Zip: FERN PARK, FL 32730

Title: VP () Delete
Name: BIGOSINSKI, NICOLAS
Address: 704 COACH LIGHT DR.
City-St-Zip: FERN PARK, FL 32730

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: BIGOSINSKI, NICOLAS
Address: 704 COACH LIGHT DR.
City-St-Zip: FERN PARK, FL 32730

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: NICOLAS BIGOSINSKI

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date