


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 036 \*\*\*150.00

<b>DOCUMENT # P98000071290</b>					
<b>1. Entity Name</b> STEVEN J. SALVATI, P.A.					
<b>Principal Place of Business</b> 235 N SIXTH AVE, STE "D" DELRAY BEACH, FL 33483			<b>Mailing Address</b> 235 N SIXTH AVE, STE "D" DELRAY BEACH, FL 33483		
<b>2. Principal Place of Business - No P.O. Box #</b> 235 NE Sixth Ave		<b>3. Mailing Address</b> 235 NE Sixth Ave			
Suite, Apt. #, etc. Ste "D"		Suite, Apt. #, etc. Ste "D"			
City & State Delray Beach, FL		City & State Delray Beach, FL			
Zip 33483		Zip 33483		Country Country	
<b>4. FEI Number</b> 65-0859048					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  SALVATI, STEVEN J 235 NE SIXTH AVE STE O DELRAY BEACH, FL 33483			<b>7. Name and Address of New Registered Agent</b> Name Salvati, Steven J. Street Address (P.O. Box Number is Not Acceptable)  235 NE Sixth Ave, Ste "D" City Delray Beach FL Zip Code 33483		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVATI, STEVEN J 235 NE SIXTH AVE STE O DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Salvati, Steven J. 235 NE Sixth Ave; Ste "D" Delray Beach, FL-33483 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Steven J. Salvati</u>			3-26-08 (561)279-0775		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		