

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90071 041 ***150.00

DOCUMENT # P99000084092

1. Entity Name
SAVAGE BEAUTY, INC.



Principal Place of Business
**PALM BEACH POLO CLUB
2108 WIGHTMAN DRIVE
WELLINGTON, FL 33414**

Mailing Address
**P.O. BOX 210413
W. PALM BEACH, FL 33421**

94067960



04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

**3801 PGA BLVE.
Suite, Apt. #, etc.
806**

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH GARDENS FL

4. FEI Number
65-0959747

Applied For
Not Applicable

Zip

Country

Zip
33410

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

**SAVAGE, BARBARA
PALM BEACH POLO CLUB
2108 WIGHTMAN DRIVE
WELLINGTON, FL 33414**

*2365 Wellington Green
Drive
Wellington FL #306
33414*

7. Name and Address of New Registered Agent

Name
PETER V. DE SANCTIS, CPA
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA BLVD., SUITE 806

City
PALM BEACH GARDENS FL Zip Code
33410

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

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, 2004 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
**D SAVAGE, BARBARA
PALM BEACH POLO CLUB, 2108 WIGHTMAN DRIVE
WELLINGTON, FL 33414**

TITLE
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

Daytime Phone #

561-758-7116