

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # S90029

1. Entity Name

SAAK'S 5TH AVENUE ENTERPRISES, INC.



07 APR 23 AM 9:39

Principal Place of Business

708 STILES AVE 6615 MAHAN DR #104  
TALLAHASSEE, FL 32303- US  
32317

Mailing Address

PO BOX 14122  
TALLAHASSEE, FL 32317-4122 US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3100358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, SAAK  
6615 MAHAN DR #104  
TALLAHASSEE, FL 32303

DO NOT WRITE  
IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TAYLOR, SAAK  
STREET ADDRESS PO BOX 14122  
CITY-ST-ZIP TALLAHASSEE, FL 323174122

TITLE VP  
NAME TAYLOR, SAAK  
STREET ADDRESS PO BOX 14122  
CITY-ST-ZIP TALLAHASSEE, FL 323174122

TITLE ST  
NAME TAYLOR, SAAK  
STREET ADDRESS PO BOX 14122  
CITY-ST-ZIP TALLAHASSEE, FL 323174122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400098564814  
04/25/07--01038--020 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

850-443-0073

Daytime Phone #