


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S90029</b> 1. Entity Name <b>SAAK'S 5TH AVENUE ENTERPRISES, INC.</b>	
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Principal Place of Business <b>6615 MAHAN DRIVE #104 TALLAHASSEE, FL 32317 US</b>	Mailing Address <b>P O BOX 14122 TALLAHASSEE, FL 32317-4122 US</b>
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**DO NOT WRITE IN THIS SPACE**

FILED  
2008 APR 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3100358</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TAYLOR, SAAK  
6615 MAHAN DRIVE #104  
TALLAHASSEE, FL 32317**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TAYLOR, SAAK P O BOX 14122 TALLAHASSEE, FL 323174122
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**600127217956**  
**04/30/08--01007--012 \*\*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 reports 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:  **4/7/08** **321-5951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #