

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030525

**Entity Name:** SALVATORE'S, INC.

**Current Principal Place of Business:**

151 W HIGHWAY 50  
CLERMONT, FL 34711

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC6030481802**

**Current Mailing Address:**

5660 CR 561  
CLERMONT, FL 34714

**FEI Number: 03-0416921**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TIRRI, ANTHONY  
5660 COUNTY ROAD 561  
CLERMONT, FL 34714 US

*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

**Officer/Director Detail :**

Title            D  
Name            TIRRI, JEAN  
Address        150 CARR SECTOR CENTRAL  
City-State-Zip: CAROLINA PR 00979

Title            ST  
Name            TIRRI, ANTHONY  
Address        5660 CR 561  
City-State-Zip: CLERMONT FL 34714

*I hereby 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 all other like empowered.*

**SIGNATURE: ANTHONY TIRRI**

**VP**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date