


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

APPROVED  
AND  
FILED

07 APR 23 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # S90029</b>	
1. Entity Name SAAK'S 5TH AVENUE ENTERPRISES, INC.	

Principal Place of Business 708 STILES AVE TALLAHASSEE, FL 32303- 32317	Mailing Address PO BOX 14122 TALLAHASSEE, FL 32317-4122 US
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**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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, SAAK PO BOX 14122 TALLAHASSEE, FL 323174122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, SAAK PO BOX 14122 TALLAHASSEE, FL 323174122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, SAAK PO BOX 14122 TALLAHASSEE, FL 323174122
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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: SAAK TAYLOR 4/2/07 850-443-0073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #