

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2008  
Secretary of State**

DOCUMENT# K86865

Entity Name: SAVITAR PROPERTIES, INC.

**Current Principal Place of Business:**

% CLIFFORD M. STEIN  
2301 W. SAMPLE RD  
POMPANO BEACH, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CLIFFORD M. STEIN  
5345 PINE TREE DR  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 59-2948789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STEIN, CLIFFORD M.  
5345 PINE TREE DR  
MIAMI BEACH, FL 33140 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEIN, CLIFFORD M.  
Address: 5345 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL

Title: VP ( ) Delete  
Name: ECHARTE, MIGUEL  
Address: 5345 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: HOLTZMAN, MAX  
Address: 5345 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLIFFORD M. STEIN

P

01/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date