

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 30, 2009
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:

C/O CLIFFORD M. STEIN
2301 W. SAMPLE RD
POMPANO BEACH, FL 33073 US

Current Mailing Address:

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

New Mailing Address:

C/O CLIFFORD M. STEIN
5345 PINE TREE DR
MIAMI BEACH, FL 33140

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:

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

04/30/2009

Electronic Signature of Registered Agent

Date

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 (X) 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date