


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 014 ***150.00

DOCUMENT # P06000012352			
1. Entity Name GRAN SAVANNAH CORPORATION			
Principal Place of Business 18851 NE 29 AVE., STE. 900 ROTH, ROUSSO, KATSMAN, LLP AVENTURA, FL 33180		Mailing Address 18851 NE 29 AVE., STE. 900 ROTH, ROUSSO, KATSMAN, LLP AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 150 SE 25th ROAD		3. Mailing Address 150 SE 25th ROAD	
Suite, Apt. #, etc. Apt. 3M		Suite, Apt. #, etc. Apt. 3M	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33129	Country U.S.A.	Zip 33129	Country U.S.A.
4. FEI Number 20-4204194		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 18851 NE 29 AVE., STE. 900 ROTH, ROUSSO, KATSMAN, LLP AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name HADDAD, GRACE Street Address (P.O. Box Number is Not Acceptable) 150 SE 25th ROAD, Apt-3M City MIAMI FL Zip Code 33129	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HADDAD, AMINE 18851 NE 29 AVE., STE. 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HADDAD, GRACE 18851 NE 29 AVE., STE. 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Grace Haddad (v.p./t)</i>		Date: 03-10-2008 (305) 285-2075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	