


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000086045	
1. Entity Name SAVANNAH LANDING DEVELOPMENT CORP.	

Principal Place of Business 4444 SW 71 AVE 107 MIAMI, FL 33155 US	Mailing Address 4444 SW 71 AVE 107 MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0489997	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ, ROSA M 4444 SW 71 AVE STE 107 MIAMI, FL 33155

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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ORTIZ, ROSA 4444 SW 71, S-107 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERRA, JORGE L 4444 SW 71 AVE, S-107 MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/23/04-80065-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, if empowered

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01/20/04 <small>Date</small>	305-667-0470 <small>Daytime Phone #</small>
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