

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008342

FILED
Aug 30, 2004
Secretary of State

Entity Name: SAVA F1 GROUP, INC.

Current Principal Place of Business:

18050 SW 142 CT
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

18050 SW 142 CT
MIAMI, FL 33177

New Mailing Address:

FEI Number: 06-1679695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELASQUEZ SONIA,
18050 SW 142 CT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

VELASQUEZ, SONIA M DP
18050 SW 142 CT
MIAMI, FL 33177 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: SONIA VELASQUEZ

08/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAPARRO, ALEJANDRO
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

Title: DVP () Delete
Name: VELASQUEZ, SONIA
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

Title: DS () Delete
Name: GONZALEZ, ANGELICA M
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

Title: DT () Delete
Name: VELASQUEZ, VICTOR
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VELASQUEZ, SONIA
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

Title: DVP (X) Change () Addition
Name: VELASQUEZ, VICTOR
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

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

Title: DT (X) Change () Addition
Name: CHAPARRO, ALEJANDRO
Address: 18050 SW 142 CT
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA VELASQUEZ

DP

08/30/2004

Electronic Signature of Signing Officer or Director

Date