2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90043 049 ***150.00

DOCUMENT # 411305

1. Entity Name
SAVON FOODS, INC.

400430004

Principal Place of Business	Mailing Address
13290 N.W. 45TH AVENUE OPA LOCKA, FL 33054 US	13290 N.W. 45TH AVENUE OPA LOCKA,, FL 33054 US

03032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAVON FOODS INC	3459 N.W. 65th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip / Country	Zip 33147 / Country U.S.

4. FEI Number 59-1499821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENKRANZ, STEVEN PRES. 13290 N.W. 45TH AVENUE OPA LOCKA, FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Steven Rosenkranz - PRES. 3/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PT STEVEN, ROSENKRANZ PRES. 13290 N.W. 45TH AVENUE OPA LOCKA, FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STEVEN ROSENKRANZ 3459 N.W. 65th STREET MIAMI, FL. 33147	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GARY, ROSENKRANZ A V.P. 15010 FEATHERSTONE WAY DAVIE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GARY ROSENKRANZ 3459 N.W. 65th STREET MIAMI, FL. 33147	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gary Rosenkranz Vice Pres. 3/4/08 (305)696-0249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #