


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90013 030 ***150.00

| | | | | | |
|---|--|---------------------|--|---|--|
| DOCUMENT # F98000003424 1. Entity Name SAVANE INTERNATIONAL CORP. | | | |  | |
| Principal Place of Business 4902 W WATERS AVENUE TAMPA, FL 33634 | | | Mailing Address 4902 W WATERS AVENUE TAMPA, FL 33634 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03072005 Chg-P CR2E034 (10/03) | |
| Zip | | Country | | 4. FEI Number 74-1061146 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DOMINO, RICHARD J | | NAME | | |
| STREET ADDRESS | 4902 W WATERS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33634 | | CITY-ST-ZIP | | |
| TITLE | CFO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COHAN, ROBIN J | | NAME | | |
| STREET ADDRESS | 4902 W. WATERS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 336341302 | | CITY-ST-ZIP | | |
| TITLE | CEO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KAGAN, MICHAEL | | NAME | | |
| STREET ADDRESS | 4902 W. WATERS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 336341302 | | CITY-ST-ZIP | | |
| TITLE | EVP <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MACCARRONE, FRANK A | | NAME | | |
| STREET ADDRESS | 4902 W WATERS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33634 | | CITY-ST-ZIP | | |
| TITLE | SVP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLENNEY, CAROL | | NAME | | |
| STREET ADDRESS | 4902 2 W WATERS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 336341302 | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CASTILLO, KAREN S | | NAME | | |
| STREET ADDRESS | 4902 W WATERS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33634 | | CITY-ST-ZIP | | |
| 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 like empowered. | | | | | |
| SIGNATURE: <i>Karen Castillo</i> | | | 813-249-4900 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |