

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 APR 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L17544

1. Entity Name
SAVANNAH SQUARE, INC.



Principal Place of Business

% GERALD M. HIGIER
% SE CENTERS 1541 SUNSET DR. #300
CORAL GABLES, FL 33143

Mailing Address

% GERALD M. HIGIER
% SE CENTERS 1541 SUNSET DR. #300
CORAL GABLES, FL 33143



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0147837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIGIER, GERALD M
1541 SUNSET DRIVE
SUITE 300
CORAL GABLES, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGIER, GERALD M 1541 SUNSET DR CORAL GABLES, FL
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70003555327
05/06/04--01019--007 **776.25

FF \$150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald M. Higier *4/14/04*
305-666-8140