

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90739 021 ***150.00

DOCUMENT # P00000017212

1. Entity Name

X-PRESS SAVANNA, INC.



Principal Place of Business

3931 SW 47 AVE
102
DAVIE FL 33314

Mailing Address

3931 SW 47 AVE
102
DAVIE FL 33314

2. Principal Place of Business

2600 Glades Circle

Suite, Apt. #, etc.

Suite 800

City & State

Weston FL

Zip

33327

Country

3. Mailing Address

2559 Montclair Circle

Suite, Apt. #, etc.

Weston FL

City & State

Zip

33327

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-1049501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREILING, EDWARD P
2500 WESTON ROAD
SUITE 220
WESTON FL 33331

7. Name and Address of New Registered Agent

Name: **EDUARDO STIGOL**

Street Address (P.O. Box Number is Not Acceptable)

2559 Montclair Circle

City

Weston

FL

Zip Code

33327

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: **EDUARDO STIGOL - Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME: **D**
STIGOC, EDUARDO M
STREET ADDRESS: **3931 SW 47TH AVE SUITE 102**
CITY-ST-ZIP: **DAVIE FL 33314**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

(954) 6600559

Daytime Phone #