

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000017212**

1. Entity Name  
**X-PRESS SAVANNA, INC.**



Principal Place of Business  
**2600 GLADES CIRCLE  
SUITE 800  
WESTON, FL 33327**

Mailing Address  
**2559 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1049501** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STIGOL, EDUARDO  
2559 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

**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, 2005 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	D STIGOL, EDUARDO M 3931 SW 47TH AVE SUITE 102 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000353094  
05/03/05-80054-005 150.00

**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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05  
Date

(954) 660-0559  
Daytime Phone #