


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 025 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P00000028694 1. Entity Name SAVIATECON SERVICES, INC. | | | |  | |
| Principal Place of Business 3937 ADRA AVE MIAMI, FL 33178 | | | Mailing Address 8258 NW 108 PL UNIT 9 DORAL, FL 33178 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 133 NE 2ND AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 917 | | | |
| City & State | | City & State Miami FLORIDA | | 4. FEI Number 65-0997181 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 33132 | | USA | | 03132008 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent ALBORNOZ, SAMAE L 3937 ADRA AVE MIAMI, FL 33178 | | | 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 _____ (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. <input type="checkbox"/> \$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 | PD ALBORNOZ, SAMAE L 3937 ADRA AVE MIAMI, FL 33178 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 authority, like empowered. | | | | | |
| SIGNATURE: <u>Samael Albornoz - SAMAE L ALBORNOZ</u> 3/13/08 3057939471 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |