


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90474 001 ***150.00

DOCUMENT # P00000074392

1. Entity Name
SAAVZ INTERNATIONAL, INC.



Principal Place of Business
3525 E 11TH AVE
HIALEAH, FL 33013

Mailing Address
3525 E 11TH AVE
HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #
633 N.E. 167th STREET
Suite, Apt. #, etc.
923

3. Mailing Address
633 N.E. 167th STREET
Suite, Apt. #, etc.
923

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FL


Zip
33162

Country
usa

Zip
33162

Country
usa

60045500



04172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

CLAYTON, MARK
3525 E 11TH AVE
HIALEAH, FL 33013

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

4. FEI Number
05-1025870

Applied For
Not Applicable

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

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 withdrawing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	P/D MARK CLAYTON 633 N.E. 167th STREET #923 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 addres, with all other like empowered.

SIGNATURE:  DATE: 4/19/07 305 654-6287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR