2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013933

1. Entity Name
CORPORATE SAVINGS, INC.

Principal Place of Business	Mailing Address
2701 N. HIATUS ROAD #107 COOPER CITY, FL 33026	2701 N. HIATUS ROAD #107 COOPER CITY, FL 33026

2. Principal Place of Business
2114 N. Flamingo Rd
Suite, Apt. #, etc. *212*
City & State *Pembroke Pines Fl*
Zip *33028* Country *USA*

3. Mailing Address
2114 N. Flamingo Rd.
Suite, Apt. #, etc. *212*
City & State *Pembroke Pines Fl.*
Zip *33028* Country *USA*

04292005   Chg-P   CR2E034 (10/03)

4. FEI Number
65-1073937
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTALVO, DIANA 2701 N. HIATUS ROAD #107 COOPER CITY, FL 33026	Name *SAME* Street Address (P.O. Box Number is Not Acceptable) *2114 N. Flamingo Rd #212* City *Pembroke Pines* FL Zip Code *33028*

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME MONTALVO, DIANA STREET ADDRESS 2701 N. HIATUS ROAD #107 CITY-ST-ZIP COOPER CITY, FL 33026 ☐ Delete	TITLE *SAME* NAME *SAME* STREET ADDRESS *2114 N. Flamingo Rd, #212* CITY-ST-ZIP *Pembroke Pines, Fl 33028* ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

4/29/05   Date
(954) 430-8608   Daytime Phone #