

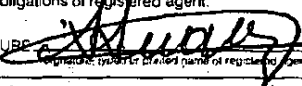
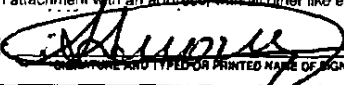
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-10-2004 91089 001 *****8.75
05-10-2004 91089 002 *****61.25

FILED
P01000017798
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 25 PM 3:48

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DOCUMENT # P01000017798					
1. Entity Name THE SAVANNAH FINISHERS, INC					
Principal Place of Business 1203 NW 63 AVE HOLLYWOOD, FL 33024			Mailing Address 1203 NW 63 AVE HOLLYWOOD, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1079348	
				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		
PICHARDO, ANDRES SALOMON 1203 NW 63 AVE HOLLYWOOD, FL 33024			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 reappointing) DATE					
Amended AR is \$61.25		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	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PICHARDO, JASSER S		NAME		
STREET ADDRESS	1203 NW 63 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	President	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Andres S. Pichardo		NAME		
STREET ADDRESS	1203 NW 63rd Avenue		STREET ADDRESS		
CITY-ST-ZIP	Hollywood, FL 33024		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 			05-03-04 (986) 277-7679		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

5125 AD