2004 FOR PROFIT CORPORATIO **ANNUAL REPORT**

Jul 19, 2004 8:00 am Secretary of State DOCUMENT # P01000118477 07-19-2004 90008 025 ***150.00 1. Entity Name SAVOY FINANCIAL SERVICES CORP Mailing Address Principal Place of Business 9600 NW 38 STREET 9600 NW 38 STREET 203 203 MIAMI, FL 33178 MIAMI, FL. 33178 2. Principal Place of Business 2401 W 70 Street 3. Mailing Address 2401 W 70 Street Suite, Apt. #, etc. 07022004 Chq-P CR2E034 (10/03) 4. FEI Number Applied For Çity & State City & State #Hisleph FL Hislesh 65-1159764 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 3301× ػڹ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 9600 NW 38TH SUITE 203 MIAMI, FL 33178 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Delete TITLE TITLE GONZALEZ, CARLOS M NAME NAME STREET ADDRESS STREET ADDRESS 9600 NW 38 STREET, 203 MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filling 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. M. 600 2Acez 7/12/04 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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RAFAEL J. FERNANDEZ, C.P.A., P.A. 54063326

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CERTIFIED PUBLIC ACCOUNTANT

Toll Free Phone: 1-866-RJF4TAX

Toll Free Fax: 1-866-FAX4TAX

July 2, 2004

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: * Savoy Financial Services Corp. 2401 W 70th Street Hialeah, FL 33016

Letter regarding waiver of reinstatement penalties

To the Reinstatement Division:

I am writing in order to reinstate Savoy Financial Services Corp. For your convenience, I have attached the reinstatement form along with a \$150 annual filing fee for 2004. The taxpayer is requesting that you waive the reinstatement penalty because he never received a copy fair 2004, because the taxpayer moved. Thank you in advance for your cooperation in this matter. If you have any questions please do not hesitate to contact me at (305) 596-9026.

Sincerely,

Rafael J. Fernandez, C.P.A.

Rafael J. Fernandez, C.P.A., P.A.