

APPROVED  
AND  
FILED

03 SEP 11 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000085594</b>			
1. Entity Name <b>SAVANT WEST COAST CORP.</b>			
Principal Place of Business 5500 NW 21ST TERRACE HANGAR NO. 5 FORT LAUDERDALE, FL 33309		Mailing Address 14415 SERRANO CREEK LANE HUMBLE, TX 77396	
2. Principal Place of Business <b>11335 Clay Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Houston, TX</b> Zip <b>77041</b> Country		3. Mailing Address <b>11335 Clay Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Houston, TX</b> Zip <b>77041</b> Country	
4. FEI Number <b>01-0743590</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent <b>MIAMI CORPORATE SYSTEMS, INC.</b> 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$160.00 After May 11, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D SAVANT, STEPHEN 5500 NW 21ST TERRACE HANGAR NO. 6 FORT LAUDERDALE, FL 33309		90002296839 09/11/03--01072--003 ***50.00	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: _____		Steve Savant President 9/4/03-713 690 0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Certified Phone #	