2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P03000015359

Entity Name: SARAVISTA, INC.

Current Principal Place of Business:

205 N ORANGE AVENUE
SUITE 2N
SARASOTA, FL 34236

New Principal Place of Business:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

Current Mailing Address:

205 N ORANGE AVENUE
SUITE 2N
SARASOTA, FL 34236

New Mailing Address:

2170 MAIN STREET
SUITE 401
SARASOTA, FL 34237

FEI Number: 43-1997774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, E. JOHN II
200 S ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GAGLIARDI, INNOCENZO
Address: 404 SOUTH SHORE DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: STD ( ) Delete
Name: GAGLIARDI, ANNE
Address: 404 SOUTH SHORE DRIVE
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GAGLIARDI, INNOCENZO
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: STD (X) Change ( ) Addition
Name: GAGLIARDI, ANNE
Address: 2170 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INNOCENZO GAGLIARDI PD 04/07/2009

Electronic Signature of Signing Officer or Director Date