

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049538

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: SAVITS ENTERPRISES II, INC.

**Current Principal Place of Business:**

1050 BROAD STREET  
MONTOURSVILLE, PA 17754

**New Principal Place of Business:**

**Current Mailing Address:**

2780 NE 183 STREET  
#316  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 77-0596819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAVITS, LAWRENCE  
2780 NE 183 STREET  
#316  
AVENTURA, FL 33160 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: DP ( ) Delete  
Name: SAVITS, LAWRENCE  
Address: 2780 NE 183 ST. #316  
City-St-Zip: AVENTURA, FL 33160

Title: DV ( ) Delete  
Name: SAVITS, CHRISTOPHER  
Address: 1360 NE 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS ( ) Delete  
Name: NICKOLAUS, HARRIET  
Address: 2780 NE 183RD ST #316  
City-St-Zip: AVENTURA, FL 33160

Title: DT ( ) Delete  
Name: SAVITS, MONICA  
Address: 1360 NE 103 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRIET NICKOLAUS

DS

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date