2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049538

SAVITS, MONICA

1360 NE 103 STREET

MIAMI SHORES, FL 33138

Name:

Address:

City-St-Zip:

Entity Name: SAVITS ENTERPRISES II, INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1050 BROAD STREET MONTOURSVILLE, PA 17754 **Current Mailing Address: New Mailing Address:** 2780 NE 183 STREET #316 AVENTURA, FL 33160 FEI Number: 77-0596819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVITS, LAWRENCE 2780 NÉ 183 STREET #316 AVENTURA, FL 33160 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SAVITS, LAWRENCE Name: Name: 2780 NE 183 ST. #316 Address: Address: AVENTURA, FL 33160 City-St-Zip: City-St-Zip: Title: DV Title: () Delete (X) Change () Addition Name: SAVITS, CHRISTOPHER Name: SAVITS, CHRISTOPHER 1360 NE 103 STREET 1460 NE 103 STREET Address: Address: MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 City-St-Zip: City-St-Zip: () Delete Title: Title: DS () Change () Addition NICKOLAUS, HARRIET Name: Name: 2780 NE 183RD ST #316 Address: Address: City-St-Zip: AVENTURA, FL 33160 City-St-Zip: Title: DT () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

SAVITS, MONICA

1460 NE 103 STREET

MIAMI SHORES, FL 33138

SIGNATURE: LAWRENCE SAVITS **PRES** 04/08/2008