

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000121669

Entity Name: SAVILLE ROW PROPERTIES, INC.

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

660 CONDE AVE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

660 CONDE AVE  
CORAL GABLES, FL 33156

**New Mailing Address:**

PMB 302  
247 SW 8TH STREET  
MIAMI, FL 33130 US

FEI Number: 55-0881583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOPEL, ISAAC  
660 CONDE AVE  
CORAL GABLES, FL 33156 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TOPEL, ISAAC  
Address: 660 CONDE AVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: DV ( ) Delete  
Name: CASTELLANOS, LUIS  
Address: 21600 SW 152ND AVE  
City-St-Zip: MIAMI, FL 33170

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

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 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: ISAAC TOPEL

DP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date