

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122237

Entity Name: NES SAVANNAH, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE
STE. 900
AVENTURA, FL 33180 US

Current Mailing Address:

18851 NE 29TH AVENUE
STE. 900
AVENTURA, FL 33180 US

New Principal Place of Business:

3201 NE 183 STREET
APT 1508
AVENTURA, FL 33160 US

New Mailing Address:

3201 NE 183 STREET
APT 1508
AVENTURA, FL 33160 US

FEI Number: 20-3427300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE. 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BENLOLO, JUDAH
3201 NE 183 STREET
APT 1508
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: BENLOLO JUDAH

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CHOCRON, AMBRAM
Address: 18851 NE 29TH AVENUE, STE. 900
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: CHOCRON, AMBRAM
Address: 18851 NE 29TH AVENUE, STE. 900
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CHOCRON, AMBRAM
Address: 3201 NE 183 STREET APT 1508
City-St-Zip: AVENTURA, FL 33160 US

Title: D (X) Change () Addition
Name: CHOCRON, AMBRAM
Address: 3201 NE 183 STREET APT 1508
City-St-Zip: AVENTURA, FL 33160 US

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: AMBRAN CHOCRON

MR

04/16/2008

Electronic Signature of Signing Officer or Director

Date