## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000142061

Entity Name: SAVIANO ANTIQUES & INTERIOR DESIGN, INC.

PALM BEACH GARDENS, FL 33410

City-St-Zip:

FILED Jun 07, 2007 Secretary of State

| Current B                                     | ringinal Place   | e of Business:  | New Principal Place                         | New Principal Place of Business:          |  |
|---|--|---|---|---|--|
| 11701 LAK                                     | -  | GARDENS AVENUE  | New Fillicipal Flace                        | oi Dusilless.                             |  |
| Current Mailing Address:                      |  |   | New Mailing Address                         | New Mailing Address:                      |  |
|   | (E VICTORIA (<br>ACH GARDEN  | GARDENS AVENUE<br>S, FL 33410   |   |   |  |
| FEI Number: 20-3767377                        |  | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address o                          | Name and Address of New Registered Agent: |  |
| 120 E. PAI<br>STE 150<br>BOCA RA<br>The above | N, DAWN M E<br>LMETTO PAR<br>TON, FL 3343<br>named entity<br>of Florida. | KROAD<br>22 US  | ourpose of changing its registered          | d office or registered agent, or both,    |  |
| SIGNATU                                       |  |   |   |   |  |
| Election Car                                  | ce with s. 607.19  | nic Signature of Registered Ag<br>3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution ().<br>TORS: | ot receive the prior notice.                | Date ES TO OFFICERS AND DIRECTORS:        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | COHEN, HYMA<br>11701 LAKE V  | ) Delete<br>N V<br>ICTORIA GARDENS AVENUE<br>GARDENS, FL 33410  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:                   | COHEN, RENE  | ) Delete<br>E<br>ICTORIA GARDENS AVENUE   | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                   |  |

City-St-Zip:

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: RENEE COHEN VS 06/07/2007