

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061482

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: SAVAIKO & ASSOCIATES, INC.

**Current Principal Place of Business:**

BOX 820056  
S FLORIDA, FL 33082

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 820056  
S FLORIDA, FL 33082

**New Mailing Address:**

FEI Number: 20-4807850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FREIDMAN, MARC  
8634 NW 59TH PL  
PARKLAND, FL 33067      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: VP ( ) Delete  
Name: SAVAIKO, JOHN  
Address: P.O.BOX 820056  
City-St-Zip: S FLORIDA, FL 33082

Title: P ( ) Delete  
Name: SAVAIKO, JOY  
Address: P.O.BOX 820056  
City-St-Zip: S FLORIDA, FL 33082

**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 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: JOY SAVAIKO

P

04/07/2008

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

\_\_\_\_\_ Date