


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90037 013 \*\*\*150.00

DOCUMENT # P06000095296  
 1. Entity Name  
**SAVVAS, INC.**



Principal Place of Business      Mailing Address  
 2107 NORTH WEST SHORE DRIVE      2107 NORTH WEST SHORE DRIVE  
 AVON PARK FL 33825                      AVON PARK FL 33825  
 US    US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3122 Golfview Rd.**                                      **3122 Golfview Rd.**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State  
**Sebring FL**                                      **Sebring FL**  
 Zip      Country      Zip      Country  
**33875**                                      **33875**

4. FEI Number      5. Certificate of Status Desired      6. Additional Fee Required  
**20-5233002**                                            **\$8.75**

6. Name and Address of Current Registered Agent      7. Name and Address of Now Registered Agent:  
**ABLES, CLIFFORD M III**      Name  
**551 SOUTH COMMERCE AVENUE**      Street Address (P.O. Box Number is Not Acceptable)  
**SEBRING FL 33870**      City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent Signature Required When Incorporating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKRIS, BASIL		NAME		
STREET ADDRESS	2107 NORTH WEST SHORE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	AVON PARK FL 33825		CITY- ST- ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARABINS, GEORGE		NAME		
STREET ADDRESS	401 MAC LANE		STREET ADDRESS		
CITY- ST- ZIP	SEBRING FL 33875		CITY- ST- ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, JUAN GABRIEL		NAME		
STREET ADDRESS	4911 STURGEON DRIVE		STREET ADDRESS		
CITY- ST- ZIP	SEBRING FL 33870		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Basil Makris Pres      3-4-07      863-471-0505  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR      Date      (Lifetime Phone #)