

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057331

FILED  
Sep 17, 2009  
Secretary of State

Entity Name: THE SAVAS GROUP, INC.

## Current Principal Place of Business:

3212 NE 7TH ST.  
POMPANO BEACH, FL 33062 US

## New Principal Place of Business:

## Current Mailing Address:

3212 NE 7TH ST.  
POMPANO BEACH, FL 33062 US

## New Mailing Address:

FEI Number: 26-2800150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: SAVAS, AUGUSTA  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: DIR ( ) Delete  
Name: SAVAS, TOM  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: PRES ( ) Delete  
Name: SAVAS, AUGUSTA  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: SEC ( ) Delete  
Name: SAVAS, AUGUSTA  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: TREA ( ) Delete  
Name: SAVAS, AUGUSTA  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SAVAS, AUGUSTA  
Address: 18326 BIRDIE LANE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: DIR (X) Change ( ) Addition  
Name: SAVAS, THOMAS  
Address: 3212 N E 7 STREET  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS SAVAS

DIR

09/17/2009

Electronic Signature of Signing Officer or Director

Date