


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000028651</b> 1. Entity Name SAVINO & MILLER DESIGN STUDIO, P.A.	
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Principal Place of Business 12345 NE 6TH AVE A NORTH MIAMI, FL 33161 US	Mailing Address 12345 NE 6TH AVE A NORTH MIAMI, FL 33161 US
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**DO NOT WRITE IN THIS SPACE**

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0412661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAVINO-MILLER, ADRIANA G PRESIDE  
12345 NE 6TH AVE  
A  
NORTH MIAMI, FL 33161

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SAVINO-MILLER, ADRIANA G PRES 2800 FAIRGREEN DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, BARRY R VICEP 2800 FAIRGREEN DR MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Adriana Savino ADRIANA SAVINO 1/10/08 305.895.9082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #