

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000097752

1. Entity Name
SAVIOR MANAGEMENT, INC.



Principal Place of Business
**10058 SPANISH ISLES BLVD
F 12
BOCA RATON, FL 33498**

Mailing Address
**10058 SPANISH ISLES BLVD
F 12
BOCA RATON, FL 33498**

FILED
Feb 19, 2007 08:00 AM
Secretary of State



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0882100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITO, FRANK JR
10058 SPANISH ISLES BLVD
F 12
BOCA RATON, FL 33498**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**1000000639676
02/28/07-80037-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PITO, FRANK JR
STREET ADDRESS	9676 RICHMOND CIR
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	PITO, CATERINA
STREET ADDRESS	9044 LONG LAKE PALMS DR
CITY-ST-ZIP	BOCA RATON, FL 33497
TITLE	D
NAME	CIARAMITARO, MARIA
STREET ADDRESS	1861 SW 56 AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #