

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000143956

**Entity Name:** SANDRA SAVINELLI, INC.

**Current Principal Place of Business:**

5400 S. UNIVERSITY DR  
L605  
DAVIE, FL 33328

**Current Mailing Address:**

5400 S. UNIVERSITY DRIVE  
L605  
DAVIE, FL 33328 US

**FEI Number:** 20-8076844

**Certificate of Status Desired:** No

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

SAVINELLI, SANDRA  
5400 S. UNIVERSITY DRIVE  
L605  
DAVIE, FL 33328 US

*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

**Officer/Director Detail :**

Title DR  
Name SAVINELLI, SANDRA  
Address 5400 S. UNIVERSITY DR.  
L605  
City-State-Zip: DAVIE FL 33328

*I hereby 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 all other like empowered.*

**SIGNATURE:** SANDRA SAVINELLI

**OWNER**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date