




# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N50201</b> 1. Entity Name <b>SAFESPACE FOUNDATION, INC.</b>						<div style="text-align: right;">   <b>FILED</b>  <b>04 JUN 28 PM 1:13</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>			
Principal Place of Business <b>7831 NE MIAMI CTG</b> <b>MIAMI, FL 33138 US</b>		Mailing Address <b>P O BOX 530521</b> <b>MIAMI, FL 33153 US</b>		 06232004 Chg-NP CR2E037 (10/03)					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number <b>65-0353923</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>RUDOLPH, PEGGY</b> <b>7831 NE MIAMI COURT</b> <b>MIAMI, FL 33138</b>				Name Street Address (P.O. Box Number is Not Acceptable) City				State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD <input type="checkbox"/> Delete			TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GRAE-GRUBOSKI, KAREN			NAME	Adrian Ashton, ESQ.				
STREET ADDRESS	P.O BOX 331172			STREET ADDRESS	770 E Evanston Circle				
CITY-ST-ZIP	COCONUT GROVE, FL 33233			CITY-ST-ZIP	Ft. Lauderdale, Fl 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE	TD <input type="checkbox"/> Delete			TITLE	Board Memeber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MANN, CORA			NAME	Yvette Darden				
STREET ADDRESS	16901 NE 19TH AVE			STREET ADDRESS	16901 NE 19th Ave.				
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP	North Miami Beach, Fl 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE	P <input type="checkbox"/> Delete			TITLE	Board Memeber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BAKER, ELIZABETH			NAME	Lissette Labrouse, ESQ.				
STREET ADDRESS	3250 MARY ST. #307			STREET ADDRESS	18031 Biscayne Blvd. #1503				
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	Aventura, Fl 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE	VP <input type="checkbox"/> Delete			TITLE	Board Memeber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	KIM, MI			NAME	James Moore				
STREET ADDRESS	910 MICHIGAN AVE., #306			STREET ADDRESS	16901 NE 19th Ave				
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	NMB, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete			TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME				NAME	Christine Pena				
STREET ADDRESS				STREET ADDRESS	621 West 51st Street				
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete			TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME				NAME	Christine Horne				
STREET ADDRESS				STREET ADDRESS	PO Box 530521				
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1197(6) of the Florida Statutes; I 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 617, 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: _____				Date: <b>06/23/04</b>				Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									