2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90034 045 ****75.00

DOCUMENT # **N50201**

1. Entity Name

SAFESPACE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1435 NE 162 ST NORTH MIAMI BEACH FL 33162 US	P O BOX 530521 MIAMI FL 33153 US

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
7831 N.E. Miami Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33138 / Country	Zip / Country

4. FEI Number: 65-0353923 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASHTON, MYNOSI S 1435 NE 162 ST NORTH MIAMI BEACH FL 33162	Name: Jose F. Acuna Street Address (P.O. Box Number is Not Acceptable): 7831 N.E. Miami Court City: Miami FL Zip Code: 33138

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 $61.25
Due By September 6, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☐ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	GRAE-GRUBOSKI, KAREN	NAME	James Moore
STREET ADDRESS	P.O BOX 331172	STREET ADDRESS	16901 N.E. 19th. Ave.
CITY-ST-ZIP	COCONUT GROVE FL 33233	CITY-ST-ZIP	N. Miami Beach, FL 33161
TITLE	TD ☐ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	MANN, CORA	NAME	Peggy Rudolph
STREET ADDRESS	16901 NE 19TH AVE	STREET ADDRESS	321 NE. 112 ST.
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	Miami, FL 33161
TITLE	P ☐ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	BAKER, ELIZABETH	NAME	Christine Horne
STREET ADDRESS	3250 MARY ST. #307	STREET ADDRESS	5750 collins Ave 11-D
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	BM ☐ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	LABROUSSE, LISSETTE	NAME	Zena Friedman
STREET ADDRESS	18031 BISCAYNE BLVD, # 1503	STREET ADDRESS	5750 collins Ave. 11-D
CITY-ST-ZIP	AVENTURA FL 33160	CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	ED ☒ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	MYNOSI, ASHTON	NAME	Kelly Morris
STREET ADDRESS	P.O. BOX 530501	STREET ADDRESS	25 Biscayne Blvd. #2500
CITY-ST-ZIP	MIAMI SHORES FL 33153	CITY-ST-ZIP	Miami, Fl 33131
TITLE	BM ☐ Delete	TITLE	BM ☐ Change ☒ Addition
NAME	DARDEN, YVETTE	NAME	Christine Pena
STREET ADDRESS	16901 N.E. 19TH AVENUE	STREET ADDRESS	621 W. 51 ST.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161	CITY-ST-ZIP	Miami Beach, Fl 33140

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 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: _____ 8/10/06 305 758-2804
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone