

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037682

FILED
Jan 30, 2007
Secretary of State

Entity Name: SAFE HARBOR REALTY TRUST, INC.

Current Principal Place of Business:

16100 NE 16 AVENUE
SUITE A
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

16100 NE 16 AVENUE
SUITE A
MIAMI, FL 33162

New Mailing Address:

FEI Number: 65-1003555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADBURY, RICHARD M
Address: 16100 NE 16 AVENUE
City-St-Zip: MIAMI, FL 33162

Title: STD (X) Delete
Name: RAPCZYNSKI, KEVIN A
Address: 16100 NE 16 AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: RAPCZYNSKI, KEVIN A
Address: 16100 NE 16 AVENUE
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN A RAPCZYNSKI

PDST

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date