
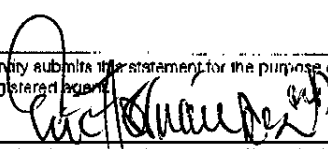
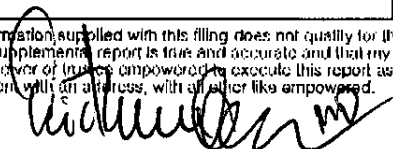


Mar. 15. 2004 6:44PM

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90046 033 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000029647</b>			
1. Entity Name <b>SAEF ENTERPRISES, INC.</b>			
Principal Place of Business <b>3725 SOUTH OCEAN DR. 1512 HOLLYWOOD, FL 33019</b>		Mailing Address <b>3725 SOUTH OCEAN DR. 1512 HOLLYWOOD, FL 33019</b>	
2. Principal Place of Business <b>3080 NORTH 35TH ST.</b>		3. Mailing Address <b>3080 NORTH 35TH ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>	
Zip <b>33021</b>		Zip <b>33021</b>	
County <b>BROWARD</b>		County <b>BROWARD</b>	
4. FEI Number <b>04-3641462</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		03152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>FERNANDEZ, ERIC MD 3135 SOUTH OCEAN DR. HOLLYWOOD, FL 33019</b>		7. Name and Address of New Registered Agent Name <b>ERIC FERNANDEZ, M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3080 NORTH 35TH ST.</b> City <b>HOLLYWOOD</b> FL <b>33021</b>	
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 <b>3-17-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTIF. Registered Agent signature required when re-election)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ERIC MD 3925 SOUTH OCEAN DR., #1512 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3080 NORTH 35TH ST HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLEDAD, ARMAS 3725 SOUTH OCEAN DR. #1512 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SOLEDAD A. FERNANDEZ 3080 NORTH 35TH ST HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date <b>3-17-04</b> Lifetime Phone # <b>(954)2431705</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Lifetime Phone #</small>	

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