

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131603

Entity Name: SAFETY FOR BABIES INC.

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

508 WOODGATE CIRCLE # E
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

508 WOODGATE CIRCLE
SUNRISE, FL 33326 US

New Mailing Address:

5850 NW KISKA CT
PORT SAINT LUCIE, FL 34986 US

FEI Number: 90-0295260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEZ, ELVIRA R
508 WOODGATE CIRCLE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

DIEZ, ELVIRA R
5850 NW KISKA CT
PORT SAINT LUCIE, FL 34986 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:

05/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE () Delete
Name: DIEZ, ELVIRA R
Address: 508 WODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: DIEZ, ELVIRA R
Address: 5850 NW KISKA CT
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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: ELVIRA DIEZ

OWNE

05/08/2008

Electronic Signature of Signing Officer or Director

Date