2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000145897

1. Entity Name
SAF INVESTMENTS INC.

FILED
08 OCT 24 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2315 NW 107 AVE, SUITE 1M-14 BOX 70 MIAMI, FL 33172	2315 NW 107 AVE, SUITE 1M-14 BOX 70 MIAMI, FL 33172

REINSTATEMENT
032420081 Chg-P ER2E034 (12/06) 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2220922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOSCHINI, SERGIO A
2315 NW 107 AVE, SUITE 1M-14 BOX 70
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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 FOSCHINI, SERGIO A 2315 NW 107 AVE, BOX 70 DORAL, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOSCHINI, GIANCARLO 2315 NW 107 AVE, BOX 70 DORAL, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900121073729 03/24/08--01006--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/24	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _____ Oct 15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 16, 2008

Florida Department of State
Division of Corporations
Att. Sean Toner
Senior Section Administrator

Subject: SAF INVESTMENTS INC.
Ref. Number: P06000145897

Dear Mr. Toner,

I am writing on behalf of Mr. Sergio Foschini, President of SAF INVESTMENTS INC. Unfortunately, Mr. Foschini **does not write, read or speak English.** He received.a letter on March 24th, 2008 informing him that that a check for $150.00 was received. He thought that was the only step needed to renew the Corporation; therefore, he did not complete the form that he had to.

Enclosed, please find the completed form as requested. He is asking for you to please consider reinstating the Corporation, again due to the fact that Mr. Foschini does not understand any English. The $150.00 was already submitted and paid by the bank.

Sincerely,

Sergio Foschini