2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM Secretary of State **DOCUMENT # F01000005093** 1. Entity Name SAFI CORP. Principal Place of Business Mailing Address 1600 MCCOY RD 1600 MCCOY RD ORLANDO, FL 32809 ORLANDO, FL 32809 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3695313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAYES, ROBERT S 441 W. VINE STREET KISSIMMEE, FL 34741 IN THIS SPACE 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PCD THOMPSON, COLIN M NAME 13007 WINTER POINT BLVD STREET ADDRESS CITY - ST - ZIP WINDERMERE, FL 34787 TITLE U00000021841 NAME 01/30/04-80018**-020 158.7**5 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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.

COLIN THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

407 888 2163

Daytime Phone #