

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42188

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SAFETY FIRST ELECTRIC, INC.

**Current Principal Place of Business:**

11231 NW 62 CT.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

11231 NW 62ND COURT  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 59-2125217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, CONNIE VP  
11231 NW 62 CT  
HIALEAH, FL 33012 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: VPD ( ) Delete  
Name: JORDAN, CONNIE  
Address: 11231 NW 62ND COURT  
City-St-Zip: HIALEAH,, FL 33012 US

Title: PTD ( ) Delete  
Name: JORDAN, JOHN M. (S)  
Address: 11231 NW 62ND COURT  
City-St-Zip: HIALEAH,, FL 33012 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CONNIE JORDAN

VP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date