

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # F92000000732

1. Entity Name
SAFER EQUITIES CORPORATION



Principal Place of Business
**4001 NO. OCEAN BLVD., 401B
BOCA RATON, FL 33431**

Mailing Address
**4001 NO. OCEAN BLVD., 401B
BOCA RATON, FL 33431**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN BERGH, ANITA
4001 NO OCEAN BLVD 401B
BOCA RATON, FL 33431**

**DO NOT WRITE
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)

DATE _____

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
POSADA, SERGIO E
4001 NO OCEAN BLVD 401B
BOCA RATON, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TORO, ANA LUCIA
4001 NO OCEAN BLVD 401B
BOCA RATON, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
POSADA, JUAN F
4001 NO OCEAN BLVD 401B
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000864607
04/04/08-80021-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Sergio Posada* **SERGIO POSADA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2008 **(561) 391 6093**

Date

Daytime Phone #