
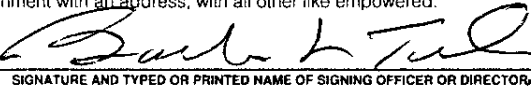


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90733 021 ***150.00

DOCUMENT # F98000000787 1. Entity Name SAFE TECHNOLOGIES INTERNATIONAL, INC.			
Principal Place of Business 125 WORTH AVE STE 113 PALM BEACH FL 33480		Mailing Address 125 WORTH AVE STE 113 PALM BEACH FL 33480	
2. Principal Place of Business 2875 S. Ocean Blvd.		3. Mailing Address 2875 S. Ocean Blvd.	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480		Zip 33480	
Country 		Country 	
6. Name and Address of Current Registered Agent POSNER, MICHAEL J 4420 BEACON CIRCLE, STE. 100 WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete TOLLEY, BARBARA L 125 WORTH AVE STE 113 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2875 S. Ocean Blvd Ste 104 Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TOLLEY, JACK W 125 WORTH AVE STE 113 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Deceased
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTUS, CHARLES N 125 WORTH AVE STE 113 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2875 S. Ocean Blvd Ste 104 Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALEXANDER, ROBERT L 125 WORTH AVE STE 113 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2875 S. Ocean Blvd Ste 104 Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TOLLEY, BRADFORD L 125 WORTH AVE STE 113 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2875 S. Ocean Blvd Ste 104 Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete POSNER, MICHAEL J 125 WORTH AVE STE 113 WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2875 S. Ocean Blvd Ste 104 Palm Beach FL 33480
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4-10-04 561-832-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	