

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14542

FILED
Mar 25, 2009
Secretary of State

Entity Name: SAFARI PROGRAMS, INC.

Current Principal Place of Business:

1400 N.W. 159 ST.
SUITE104
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1400 N.W. 159 ST.
SUITE 104
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 59-2392127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANOS, TOM J ESQ.
KLUGER PERETZ KAPLAN & BERLIN
201 S. BISCAYNE BLVD 17TH FLOOR
MIAMI, FL 33133 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: D () Delete
Name: PARIENTE, RAMONA,
Address: 1541 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129 US

Title: P () Delete
Name: PARIENTE, RAMONA,
Address: 1541 BRICKELL AVENUE, #407
City-St-Zip: MIAMI, FL 33129 US

Title: VP () Delete
Name: QUERCIA, DAVID,
Address: 3001 S. OCEAN DR., #239
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: T () Delete
Name: PARIENTE, ALEXANDRE,
Address: 1541 BRICKELL AVENUE, #407
City-St-Zip: MIAMI, FL 33129 US

Title: S () Delete
Name: PARIENTE, RAMONA,
Address: 1541 BRICKELL AVENUE, #407
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP S (X) Change () Addition
Name: PARIENTE, ALEXANDRE,
Address: 1541 BRICKELL AVENUE, #407
City-St-Zip: MIAMI, FL 33129 US

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: ALEXANDRE PARIENTE

VP S

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date