

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90243 027 ***150.00

DOCUMENT # G39099

1. Entity Name
SAFIANO, INC.



Principal Place of Business
**9835 SW 72 ST
MIAMI, FL 33173**

Mailing Address
**9835 SW 72 ST
~~7235 CORAL WAY~~
MIAMI, FL 33173**

94075141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2305781

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAFIANO, SEBASTIAN
7235 CORAL WAY
MIAMI, FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

9046 S.W. 112 COURT-M

City

MIAMI

FL

Zip Code

33176

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SAFIANO, SEBASTIAN	
STREET ADDRESS	7235 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAFIANO, BETTY	
STREET ADDRESS	7235 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9046 S.W. 112 COURT
CITY-ST-ZIP	MIAMI - FL - 33176
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9046 S.W. 112 COURT
CITY-ST-ZIP	MIAMI - FL - 33176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 no other like empowered.

SIGNATURE: **SEBASTIAN SAFIANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2004
Date

Daytime Phone #