


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035618 1. Entity Name SAFAREX, LLC	
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Principal Place of Business 4400 N. PLAYER STREET HOLLYWOOD, FL 33021	Mailing Address 4400 N. PLAYER STREET HOLLYWOOD, FL 33021
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04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1107665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GHOUGASIAN, PAUL E ESQ. C/O THALER & THALER, P.A. 1300 N. FEDERAL HIGHWAY, SUITE 212 BOCA RATON, FL 33432

**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 renewing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CONTRUCCI, ANTHONY 4400 N. PLAYER STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DIENE, XADIMI 6 JACQUELINE ROAD, APT. E WALTHAM, MA 02454
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CONTRUCCI, EMMA 4400 N PLAYER ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FORREST, CHRIS 9102 W. BAY HARBOUR MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000531432
05/06/06-80042-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Anthony Contrucci Treasurer 4/13/06 954 801-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #