2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90198 025 ****50.00

DOCUMENT # L05000088258

1. Entity Name
SAFETY ESSENTIALS OF BAL HARBOUR LLC

Principal Place of Business	Mailing Address
3410 EMERALD POINT DRIVE 307B HOLLYWOOD, FL 33021 US	3410 EMERALD POINT DRIVE 307B HOLLYWOOD, FL 33021 US

01302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
333 GULFSTREAM RD.	333 GULFSTREAM RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA BEACH FLORIDA	City & State: DANIA BEACH FLORIDA
Zip: 33004 Country: USA	Zip: 33004 Country: USA

4. FEI Number 20-3431219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLEN, RENE 16021 SW 64TH TERRACE MIAMI, FL, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	DADDARIO, MICHAEL		NAME	DADDARIO, MICHAEL	
STREET ADDRESS	3410 EMERALD POINT DRIVE		STREET ADDRESS	333 GULFSTREAM RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	GUERRA, DELILAH		NAME	GUERRA, DELILAH	
STREET ADDRESS	3410 EMERALD POINT DRIVE		STREET ADDRESS	333 GULFSTREAM RD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 02-01-07 305-219-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #