

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90136 001 \*\*\*900.00

**DOCUMENT # M16403**

1. Entity Name  
**STAINSAFE, INC.**



Principal Place of Business

**354 HIATT DR  
PALM BEACH GARDENS, FL 33418 US**

Mailing Address

**354 HIATT DR  
PALM BEACH GARDENS, FL 33418 US**

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-1629128**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ELLISON, STEVEN ESQ  
400 AUSTRALIAN AVE. S.  
WEST PALM BEACH, FL 33401**

**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 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**

TITLE **S**  
NAME **FRIEDMAN, STEVEN**  
STREET ADDRESS **24 BERMUDA LAKE DRIVE**  
CITY - ST - ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **P**  
NAME **SAYRE, ROBERT**  
STREET ADDRESS **46 SOMERSET TER.**  
CITY - ST - ZIP **PALM BEACH GDNS, FL 33418**

TITLE **T**  
NAME **FRIEDMAN, IRVING S**  
STREET ADDRESS **101 BANYAN ISLES DR.**  
CITY - ST - ZIP **PALM BEACH GDNS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/04**

Daytime Phone # \_\_\_\_\_