

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M60272</b>		
1. Entity Name <b>SAFEPORT INVESTMENTS CORP.</b>		
Principal Place of Business <b>1101 BRICKELL AVE, SOUTH TOWER, STE 400 MIAMI, FL 33131</b>		Mailing Address <b>1101 BRICKELL AVE, SOUTH TOWER, STE 400 MIAMI, FL 33131</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04202004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0018617</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MURAI, WALD, BIONDO &amp; MORENO, P.A. 25 S.E. 2ND AVENUE, 900 INGRAHAM BUILDING MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ORTEGA, JORGE 1101 BRICKELL AVENUE, SOUTH TOWER, STE 400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORTEGA, GUSTAVO 1101 BRICKELL AVENUE, SOUTH TOWER, STE 400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORTEGA, LUIS ALBERTO 1101 BRICKELL AVENUE, SOUTH TOWER, STE 400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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12. I hereby certify that the information submitted 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 of this corporation 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 all other like empowered		
SIGNATURE: 		Date <b>4-24-04</b> Daytime Phone # <b>305-3430390</b>