


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M60272 1. Entity Name SAFEPORT INVESTMENTS CORP.	
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Principal Place of Business 1101 BRICKELL AVE, SOUTH TOWER, STE 400 MIAMI, FL 33131	Mailing Address 1101 BRICKELL AVE, SOUTH TOWER, STE 400 MIAMI, FL 33131
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03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0018617	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 25 S.E. 2ND AVENUE, 900 INGRAHAM BUILDING MIAMI, FL 33131
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000270763 03/21/05-80021-016 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-18-05

Date

305-3770790

Daytime Phone #