


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004773 1. Entity Name S.A.F.E. FOUNDATION INC.	
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Principal Place of Business 371 NE 117 STREET MIAMI, FL 33161	Mailing Address 371 NE 117 STREET MIAMI, FL 33161
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03262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1724629	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CIPOLLA, ROSEMARY 371 NE 117 ST MIAMI, FL 33161
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CIPOLLA, ROSEMARY 371 NE 117 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CIPOLLA, ANTHONY 371 NE 117 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MODY, RENU 1717 NORTH BAYSHORE DR #2234 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN, JOE 4325 SW 18TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80113-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 617, 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: Rosemary Cipolla **4/5/07** **7863852759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #