

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004773

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: S.A.F.E. FOUNDATION INC.

## Current Principal Place of Business:

371 NE 117 STREET  
MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

371 NE 117 STREET  
MIAMI, FL 33161

## New Mailing Address:

FEI Number: 31-1724629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIPOLLA, ROSEMARY  
371 NE 117 ST  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CIPOLLA, ROSEMARY  
Address: 371 NE 117 ST  
City-St-Zip: MIAMI, FL 33161

Title: DS ( ) Delete  
Name: CIPOLLA, ANTHONY  
Address: 371 NE 117 ST  
City-St-Zip: MIAMI, FL 33161

Title: VPD ( ) Delete  
Name: MODY, RENU  
Address: 1717 NORTH BAYSHORE DR #2234  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: LYNN, JOE  
Address: 4325 SW 18TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY CIPOLLA

DIRE

04/17/2008

Electronic Signature of Signing Officer or Director

Date