2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N00000004773

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 05/05/2009
Electronic Signature of Signing Officer or Director — Date