

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004773

**FILED**  
**Apr 20, 2011**  
**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  
**Name:** CIPOLLA, ROSEMARY  
**Address:** 371 NE 117 ST  
**City-St-Zip:** MIAMI, FL 33161

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

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

**Title:** T  
**Name:** DURESKY, DAVE  
**Address:** 371 NE 117TH ST  
**City-St-Zip:** MIAMI, FL 33161

I hereby 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 all other like empowered.

**SIGNATURE:** ROSEMARY CIPOLLA

DP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date