

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012584

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** CABRE SAFE HAVEN, INC

**Current Principal Place of Business:**

19430 N.W. 21 AVENUE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 824083  
SOUTH FLORIDA, FL 33082 US

**New Mailing Address:**

P.O BOX 821101  
SOUTH FLORIDA, FL 33082 US

**FEI Number:** 20-8010972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYANT, CHERIE A  
19430 N.W. 21 AVENUE  
MIAMI, FL 33056 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: PRES  
Name: BRYANT, CHERIE A  
Address: 19430 N.W. 21 AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: VP  
Name: SPRINGER, SHEILA D  
Address: P.O BOX 821101  
City-St-Zip: SOUTH FLORIDA, FL 33082 US

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: CHERIE BRYANT

PRES

04/29/2012

Electronic Signature of Signing Officer or Director

Date