2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N96000001635

Entity Name: SOUTH FLORIDA SAFETY PROGRAM INCORPORATED

Current Principal Place of Business:

18731 S. DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18731 S. DIXIE HWY
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0845280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PESCHIERA, GONZALO J
13425 SW 151 TR
MIAMI, FL 33186 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: D ( ) Delete
Name: PESCHIERA, GONZALO J
Address: 13425 SW 151 TR
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: PESCHIERA, MARIA M
Address: 13425 SW 151 TR
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: PESCHIERA, MARCELLO
Address: 13425 SW 151 TR
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: PESCHIERA, ISABELLA
Address: 13425 SW 151 TR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: RUIZ, ROCIO
Address: 15435 SW 137 AV
City-St-Zip: MIAMI, FL 33177

Title: D (X) Change ( ) Addition
Name: OCHOA, TOMAS
Address: 18731 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GONZALO PESCHIERA D 04/29/2005

Electronic Signature of Signing Officer or Director — Date