

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003318

FILED
Apr 16, 2008
Secretary of State

Entity Name: AMERICAN INSTITUTE FOR PUBLIC SAFETY FOUNDATION, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD., STE. 705
N. MIAMI, FL 33181

New Principal Place of Business:

6919 W. BROWARD BLVD.
#286
PLANTATION, FL 33317

Current Mailing Address:

12000 BISCAYNE BLVD., STE. 705
N. MIAMI, FL 33181

New Mailing Address:

6919 W. BROWARD BLVD.
#286
PLANTATION, FL 33317

FEI Number: 65-1059885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASLAW, GARY R
20801 BISCAYNE BLVD., STE. 304
AVENTURA, FL 331801422 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: HOFFHEIMER, JAMES
Address: 12000 BISCAYNE BLVD., STE. 705
City-St-Zip: N. MIAMI, FL 33181

Title: D () Delete
Name: SASLAW, GARY R
Address: 20801 BISCAYNE BLVD., STE. 304
City-St-Zip: AVENTURA, FL 331801422

Title: ST () Delete
Name: KYMM, ABRAHAMSON
Address: 12000 BISCAYNE BLVD 705
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOFFHEIMER, JAMES
Address: 6919 W. BROWARD BLVD. # 286
City-St-Zip: PLANTATION, FL 33317

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

Title: ST (X) Change () Addition
Name: KYMM, ABRAHAMSON
Address: 6919 W. BROWARD BLVD. # 286
City-St-Zip: PLANTATION, FL 33317

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: KYMM ABRAHAMSON

ST

04/16/2008

Electronic Signature of Signing Officer or Director

Date