2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P0000046483 1. Entity Name REGAL SAFE CORPORATION Mailing Address Principal Place of Business 10214 NW 47TH STREET 10214 NW 47TH STREET SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1033688 Not Applicable Country \$8.75 Additional Zio Country Zin 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FENNER, JOHN P ESQ. Street Address (P.O. Box Number is Not Acceptable) 3998 FAU BLVD., STE. 200, OFFICE 112 **BOCA RATON FL 33431** Zip Code City 8. 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. I am familiar with, and accept the obligations of registe. A agent SIGNATURE Signature. ' 🔀 پېښې name of re_ sereo agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Delete TITLE ☐ Change ☐ Addition TITLE GOLDSTEIN, BARRIE S NAME NAME STREET ADDRESS 10214 NW 47TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY -ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME U00000043505 STREET ADDRESS STREET ADDRESS 02/10/04-80067-016 150.00 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete mu ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition | TIT! E ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR

2/4/04 Date 954-578-0010