

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096603

Entity Name: SAFETECH UNLIMITED, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 570694
MIAMI, FL 332570694

New Principal Place of Business:

19810 SW 118TH PL
MIAMI, FL 332570694

Current Mailing Address:

PO BOX 570694
MIAMI, FL 332570694

New Mailing Address:

FEI Number: 65-1047699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, YVETTE I
19810 SW 118TH PL
MIAMI, FL 33177 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BENJAMIN, AISTIN E
Address: 19810 SW 118TH PLACE
City-St-Zip: MIAMI, FL 33177

Title: TD () Delete
Name: BENJAMIN, VALENCIA I
Address: 6110 NW 29TH ST
City-St-Zip: GAINESVILLE, FL 32652

Title: TD () Delete
Name: BENJAMIN, VALENCIA I
Address: 3465 N.W. 50TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: BENJAMIN, GLORIA
Address: 19810 SW 118TH PL
City-St-Zip: MIAMI, FL 33177

Title: PD (X) Delete
Name: BENJAMIN, YVETTE I
Address: 4369 PORT LANE
City-St-Zip: POWDER SPRINGS, GA 30127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BENJAMIN, AUSTIN E
Address: 19810 SW 118TH PLACE
City-St-Zip: MIAMI, FL 33177

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

Title: PD (X) Change () Addition
Name: BENJAMIN, YVETTE I
Address: 4369 PORT LANE
City-St-Zip: POWDER SPRINGS, GA 30127

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUSTIN E BENJAMIN

VP

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date