


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000006244</b>		
1. Entity Name <b>SAFETY SYSTEMS SPECIALIST INC.</b>		
Principal Place of Business <b>5600 SW 137TH AVENUE SUITE 204B MIAMI, FL 33183</b>		Mailing Address <b>P O BOX 65-0824 MIAMI, FL 33265-0824</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02102005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-1073360</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>RODRIGUEZ, JUAN A 6321 SW 157 PLACE MIAMI, FL 33193-3684</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RODRIGUEZ, JUAN A 6321 S W 157 PL MIAMI, FL 331933684</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.		
SIGNATURE: <u><i>Juan Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JUAN RODRIGUEZ</b>		<u>2/18/05</u> <u>(305) 387-1349</u> <small>Date Daytime Phone #</small>