


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90006 001 \*\*\*\*\*8.75  
07-07-2006 90006 002 \*\*\*150.00

<b>DOCUMENT # P01000006244</b> 1. Entity Name <b>SAFETY SYSTEMS SPECIALIST INC.</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1073360</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN A  
6321 SW 157 PLACE  
MIAMI, FL 33193-3684**

**DO NOT WRITE  
IN THIS SPACE**

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 *Juan Rodriguez* JUAN RODRIGUEZ 7/05/06  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JUAN A 6321 S W 157 PL MIAMI, FL 331933684
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Juan Rodriguez* 7/05/06 (305) 387-1349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT + QUARTER mobile (305) 992-4284

# ATTACHMENT

06021425  
# P01000006244

7/05/06  
All information  
remains the same  
We never received  
notification until  
now. nor at business  
address nor at  
residence address