2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000031804 1. Entity Name STEZ & SAFER CORP.

Principal Place of Business

1001 BRICKELL BAY DR

1400 MIAMI, FL 33131 Mailing Address

1001 BRICKELL BAY DR

1400

MIAMI, FL 33131



FILED

Jan 22, 2007 08:00 AM

Secretary of State

DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01082007 No Chg-P

4. FEI Number Applied For 52-2307274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS 1001 BRICKELL BAY DR. STE 1400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pi lions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE.						
				gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000595788 01/23/07-80053-006	150.00
10.	OFFICERS AND DIREC	TORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALAC, FERNANDO A 1001 BRICKELL BAY DR, STE 1400 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACMAN, SANDRA R 1001 BRICKELL BAY DR, STE 1400 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE			1			

12. I hereby certify that the information supplied with this filling 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 empowers 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 explained like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADORESS CITY-ST-ZIP

> **FERNANDO** TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #