


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90093 044 \*\*\*150.00

DOCUMENT # P01000039594 1. Entity Name SAFAMARWA, INC.	
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Principal Place of Business 2525 E. SOUTH STREET ORLANDO, FL 32803	Mailing Address 2525 E. SOUTH STREET ORLANDO, FL 32803 US
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2. Principal Place of Business - No P.O. Box # 4664 S. Kirkman Rd.	3. Mailing Address 4664 S. Kirkman Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
Zip 32811	Zip 32811
Country USA	Country USA

40004004



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2628946	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEMON, AMIR RAFIQ 2525 E. SOUTH STREET ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Memon, Amir Rafiq Street Address (P.O. Box Number is Not Acceptable) 4664 S. Kirkman Rd. City Orlando FL Zip Code 32811
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEMON, AMIR RAFIQ 2525 E. SOUTH STREET ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Memon, Amir Rafiq 4664 S. Kirkman Rd Orlando, FL, 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Amir R. Memon Jan 13.07 407.894-1491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #