2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000046079

Entity Name: SAFARI FOOD PLACE, INC.

Current Principal Place of Business:

1630 NW 128TH DR
#12-203
SUNRISE, FL 33323

New Principal Place of Business:

6001 N. FALLS CIRCLE DR
BLG #9, STE 305
LAUDERHILL, FL 33319

Current Mailing Address:

1630 NW 128TH DR
#12-203
SUNRISE, FL 33323

New Mailing Address:

6001 N. FALLS CIRCLE DR
BLDG #9, STE 305
LAUDERHILL, FL 33319

FEI Number: 65-1100923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARASTI, DIEGO A
1630 NW 128TH DR
#12-203
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

SARASTI, DIEGO A
6001 N. FALLS CIRCLE DR
BLDG #9, STE 305
LAUDERHILL, FL 33319 US

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: DIEGO A. SARASTI 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: POSADA, OLGA
Address: 1630 NW 128 DR #13/310
City-St-Zip: SUNRISE, FL 33323

Title: P (X) Delete
Name: SARASTI, DIEGO A
Address: 1630 NW 128TH DR #12-203
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SARASTI, DIEGOQ A
Address: 6001 N. FALLS CIR. DR., BLDG #9, STE 305
City-St-Zip: LAUDERHILL, FL 33319

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIEGO A. SARASTI PRES 04/29/2005
Electronic Signature of Signing Officer or Director Date