

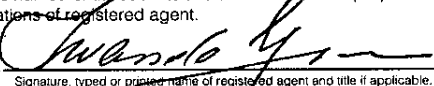
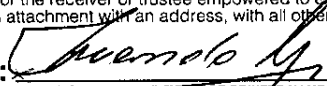


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90039 020 \*\*\*150.00

DOCUMENT # P01000050512					
<b>1. Entity Name</b> SAFIRO INVESTMENTS, INC.					
<b>Principal Place of Business</b> 2800 ISLAND BLVD. #1004 WILLIAMS ISLAND, FL 33160			<b>Mailing Address</b> 2800 ISLAND BLVD. #1004 WILLIAMS ISLAND, FL 33160		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004    Chg-P    CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>Applied For</b> NOT APPLICABLE <input checked="" type="checkbox"/> <b>Not Applicable</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>Applied For</b> NOT APPLICABLE <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREEN, MANOLO SAMUEL 2800 ISLAND BLVD., #1004 AVENTURA, FL 33160			Name <b>GREEN, MANOLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 ISLAND BLVD. # 1004</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33160</b>		
<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.</b>					
SIGNATURE 				DATE <b>1/28/04</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, SAMUEL	NAME			
STREET ADDRESS	2800 ISLAND AVE., #1004	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Director</b>		
STREET ADDRESS		STREET ADDRESS	<b>GREEN, MANOLO</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>2800 ISLAND AVE. # 1004</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
SIGNATURE: 				MANOLO, GREEN    1/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date    Daytime Phone #	