

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 048 ***150.00

DOCUMENT # P01000086362

1. Entity Name
BE SAFE HOMES, INC.



Principal Place of Business
**7050 W. PALMETTO PK. RD.,
#20
BOCA RATON, FL 33433 US**

Mailing Address
**15755 MENTON BAY COURT
DELRAY BEACH, FL 33446**

40042927



03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address
10486 Boca Woods Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton FL

Zip

Country

Zip

33428

Country

4. FEI Number
59-3743271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, PETER
15755 MENTON BAY COURT
DELRAY BEACH, FL 33446**

Name

Street Address (P.O. Box Number is Not Acceptable)
10486 Boca Woods Lane

City
Boca Raton

FL Zip Code
33428

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 fee if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PHILLIPS, PETER
15755 MENTON BAY COURT
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10486 Boca Woods Lane
Boca Raton FL 33428** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**OD
NOKHODCHI, ALEX
18905 CLOUD LAKD CIRCLE
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
18905 Cloud Lake Circle ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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: **Peter Phillips**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

Date

561-417-4456

Daytime Phone #