


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG -05 11:25



08032005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000098191			
1. Entity Name LAND SAFE INVESTMENTS, INC.			
Principal Place of Business P.O. BOX 5838 DELTONA, FL 32728		Mailing Address P.O. BOX 5838 DELTONA, FL 32728	
2. Principal Place of Business 2000 Saxon Blvd. Suite, Apt. #, etc.		3. Mailing Address 2000 Saxon Blvd. Suite, Apt. #, etc.	
City & State Deltona, FL Zip 32725 Country		City & State Deltona, FL Zip 32725 Country	
4. FEI Number 01-0661881		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent PORTA, MARY F 1374 W. PORTILLO DRIVE DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Rios Rios, Migdalia Street Address (P.O. Box Number is Not Acceptable) 1679 Weybridge St. City Deltona FL Zip Code 32725	
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 <u>M Rios</u> 8-3-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V RIOS, MIGDALIA 1679 WEYBRIDGE STREET DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600058534316 08/12/05--01050--TDR ***20.00
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
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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>M Rios</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-3-05 386-532-1530 Date Daytime Phone #	