


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000120943
 1. Entity Name
SAFETYNET FINANCIAL SOLUTIONS, INC.



Principal Place of Business P.O. BOX 268750 WESTON, FL 33326	Mailing Address P.O. BOX 268750 WESTON, FL 33326
--	--

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0577934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, JONATHA
2534 EAGLE RUN CIRCLE
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, JONATHA 2534 EAGLE RUN CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000802262
 02/01/08-80052-011-150.00

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: Jonatha Simon 1/25/2008 954-888-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jonatha Simon