


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P02000022973  
1. Entity Name  
GERM SAFE OF FLORIDA, INC.



Principal Place of Business  
7420 S.W. 157TH TERRACE  
MIAMI, FL 3317

Mailing Address  
7420 S.W. 157TH TERRACE  
MIAMI, FL 3317

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3613825	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

DIAMOND, KEITH D  
46 S.W. FIRST STREET  
FOURTH FLOOR  
MIAMI, FL 33130

**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, 2006 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	D BELTRAN, MANNY 7420 S.W. 157TH TERRACE MIAMI, FL 3317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTRAN, DAWN 7420 S.W. 157TH TERRACE MIAMI, FL 3317
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05/17/06-80017-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Manuel K. Beltra 4/26/06 786-242-5656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #