

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90027 019 ***150.00

DOCUMENT # P03000080000

1. Entity Name

SAFETY FIRST SECURITY, INC



Principal Place of Business

4649 PONCE DE LEON BLVD.
SUITE 404
CORAL GABLES FL 33146

Mailing Address

4649 PONCE DE LEON BLVD.
SUITE 404
CORAL GABLES FL 33146

2. Principal Place of Business

6700 SW 21st Street

3. Mailing Address

6700 SW 21st Street

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Miami, FL

City & State

Miami, Florida

Zip

33155

Country

Miami - Dade

Zip

33155

Country

Miami, Dade



MOORE

CR2E034 (11/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABALLERO, NELSON
4649 PONCE DE LEON BLVD.
SUITE 404
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CABALLERO, NELSON	
STREET ADDRESS	4649 PONCE DE LEON BLVD., #404	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13504 SW 58th Ave Pine Crest, FL 33156	
CITY-ST-ZIP		
TITLE	VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR B. CAGMEZO	
STREET ADDRESS	13504 SW 58th Ave.	
CITY-ST-ZIP	Pine Crest, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04

305-662-7272