


2004 FOR PROFIT CORPORATION REINSTATEMENT

11/2

DOCUMENT # P03000132623		
1. Entity Name SAFE VENTURES CORPORATION		

FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 NOV -1 PM 1:37

REINSTATEMENT

04

Principal Place of Business 7450 NW 144 ST MIAMI, FL 33014	Mailing Address 7450 NW 144 ST MIAMI, FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

0202004 REIN-P CR2E098 (6/04)

4. FEI Number 05-0591286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAFFONT, JAVIER 7450 NW 144 ST MIAMI, FL 33014	

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:  DATE: 10-20-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

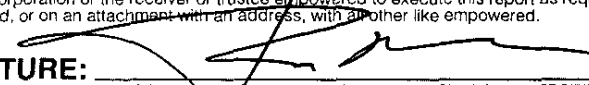
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFFONT, JAVIER 7450 NW 144 ST MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042355940 11/01/04--01061--015 **150.00
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
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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 another like empowered.

SIGNATURE:  DATE: 10-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

October 20th, 2004

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. BOX 6327

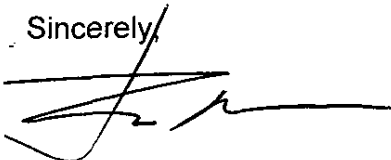
Tallahassee, FL 32314

We recently received a notice of Dissolution or Revocation for Safe Ventures Corporation, document # P03000132623, because of a failure to file 2004 annual report.

We did file 2004 annual report, and sent with it a check for \$158.75, which cleared at our bank. See attached copy of the check.

We did not receive any prior notifications from Division of Corporations of any problems with the annual report, reason for which we request to have the reinstatement fee waived.

Sincerely,



JAVIER LAFFONT

President

Safe Ventures Corporation