

APPROVED AND


07-08-2005 90023038 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 AUG 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015356			
1. Entity Name SAFA, INC.			
Principal Place of Business 1842 N. UNIVERSITY DRIVE PLANTATION, FL 33322		Mailing Address 1842 N. UNIVERSITY DRIVE PLANTATION, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07062005		Chg-P CR2E034 (10/03)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURTADHA, ALAA 1842 N. UNIVERSITY DRIVE PLANTATION, FL 33322		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: <i>Murtadha Alaa</i>		DATE: 07-06-05	
Signature, typed or printed name of registered agent and state if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	D MURTADHA, ALAA 1842 N. UNIVERSITY DRIVE PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Eckel AUG 16 2005
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 all other like empowered.			
SIGNATURE: <i>Murtadha Alaa</i>		DATE: 07-6-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

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1499 West Palmetto Pk Rd
Suite 416
Boca Raton, FL 33486
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

July 20,2005

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: SAFA, INC.
DOCUMENT #P04000015356

Dears Sirs,

Your Letter July 12 for the above referenced . Because our client never received the notice .
Please accept the payment for the amount of \$150.00 to submitted the annual report
uniform business for 2005

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely


Andre K Kattoura