


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000053020	
1. Entity Name SAFR INVESTMENT CORPORATION	

Principal Place of Business 609 NORMANDY ROAD MADERIA BEACH, FL 33708 US	Mailing Address 609 NORMANDY ROAD MADERIA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0539557	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

**RIOS, ARTURO M
2929 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAFR, PETR RONKOVA #10 PRAGUE 8, CZECH REPUBLIC, CR 8000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UN0000464330
03/21/06-80114-001 150.00

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:  **PETR SAFRA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary Phone #