

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116462

FILED
May 07, 2009
Secretary of State

Entity Name: SAFARI DESIGN CENTER, INC.

Current Principal Place of Business:

4500 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2004 NW 25TH AVENUE
POMPANO BEACH, FL 33069 US

New Mailing Address:

2020 NW 25TH AVENUE
POMPANO BEACH, FL 33069 US

FEI Number: 20-1534766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHABAN MALIK
2004 NW 25TH AVENUE
FORT LAUDERDALE, FL 33069 US

Name and Address of New Registered Agent:

WIGHT, NICHOLAS J
2020 NW 25TH AVENUE
FORT LAUDERDALE, FL 33069 US

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.

SIGNATURE: NICK WIGHT

05/07/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIGHT, LARAINÉ
Address: 2004 NW 25TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VSTD () Delete
Name: WIGHT, GARTH
Address: 2004 NW 25TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WIGHT, LARAINÉ
Address: 2020NW 25TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VSTD (X) Change () Addition
Name: WIGHT, GARTH
Address: 2020 NW 25TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARAINÉ WIGHT

PRES

05/07/2009

Electronic Signature of Signing Officer or Director

Date