

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # P05000093397

1. Entity Name
LIVSAFE, INC.



Principal Place of Business

C/O RJS
201 SOUTH BISCAYNE BLVD SUITE 1500
MIAMI, FL 33131

Mailing Address

C/O RJS
201 SOUTH BISCAYNE BLVD SUITE 1500
MIAMI, FL 33131



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3093548	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD SUITE 1500
MIAMI, FL 33131

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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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDAHL, GORAN 201 SOUTH BISCAYNE BLVD SUITE 1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINDAHL, MATTIAS 201 SOUTH BISCAYNE BLVD SUITE 1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDAHL, CHRISTINA 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, FRANCIS E 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/08-80001-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Goran Lindahl, President Jan 27, 2008 (305) 379-9146

Date

Daytime Phone #