

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134336

Entity Name: SAFIMAN, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

491 W. SILVER STAR RD.
OCOE, FL 34761

New Principal Place of Business:

491 W. SILVER STAR RD.
OCOE, FL 34761 US

Current Mailing Address:

491 W. SILVER STAR RD.
OCOE, FL 34761

New Mailing Address:

491 W. SILVER STAR RD.
OCOE, FL 34761 US

FEI Number: 20-3562431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGLIO-BENKIRAN, MICHELE ESQ.
BENKIRAN & MALARET, P.A.
1999 W. COLONIAL DR. #204
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

MOSCA, BENITA H D.VP
1435 SPRING RIDGE CIRCLE
WINTER GARDEN, FL 34787 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: BENITA MOSCA

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: CHEBALI, OMAR
Address: 1311 MILL CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D,VP () Delete
Name: MOSCA, BENITA
Address: 1311 MILL CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: CHEBALI, OMAR
Address: 1311 MILL CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: CHEBALI, OMAR
Address: 1435 SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D,VP (X) Change () Addition
Name: MOSCA, BENITA H
Address: 1435 SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S (X) Change () Addition
Name: CHEBALI, OMAR
Address: 1435 SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Change (X) Addition
Name: MOSCA, BENITA H
Address: 1435 SPRING RIDGE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: BENITA MOSCA

D,VP

04/13/2006

Electronic Signature of Signing Officer or Director

Date