


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90040 014 ***150.00

DOCUMENT # P06000075731	
1. Entity Name SAFE HARBOR CAPITAL SOLUTIONS, INC.	

Principal Place of Business 210 S. FEDERAL HWY SUITE 124 DEERFIELD BEACH, FL 33441	Mailing Address 210 S. FEDERAL HWY SUITE 124 DEERFIELD BEACH, FL 33441
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40034413



2. Principal Place of Business - No P.O. Box # 3907 N. FEDERAL HWY	3. Mailing Address 3907 N. FEDERAL HWY
Suite, Apt. #, etc. SUITE 165	Suite, Apt. #, etc. SUITE 165
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33064	Country USA

01082007 Chg-P CR2E034 (12/06)

4. FEI Number 16-1763436	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
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, 2007 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 P	<input type="checkbox"/> Delete
NAME TSIVAS, PETER	
STREET ADDRESS 210 S FEDERAL HWY, SUITE 124	
CITY-ST-ZIP DEERFIELD BEACH, FL 33441	
TITLE VP	<input type="checkbox"/> Delete
NAME TSIVAS, MICHELLE	
STREET ADDRESS 210 S FEDERAL HWY, SUITE 124	
CITY-ST-ZIP DEERFIELD BEACH, FL 33441	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TSIVIS, PETER	
STREET ADDRESS 3907 N. FEDERAL HWY SUITE 165	
CITY-ST-ZIP POMPANO BEACH, FL 33064	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TSIVIS, MICHELLE	
STREET ADDRESS 3907 N. FEDERAL HWY SUITE 165	
CITY-ST-ZIP POMPANO BEACH, FL 33064	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Peter A. Tsivis **PETER TSIVIS PRESIDENT** 4/3/07 877 439-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #