

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095697

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: FLORIDA HEALTH & SAFETY SERVICES INC

## Current Principal Place of Business:

441 STATE ROAD 7  
#15  
MARGATE, FL 33068

## New Principal Place of Business:

441 SOUTH STATE ROAD 7  
#15  
MARGATE, FL 33068

## Current Mailing Address:

441 STATE ROAD 7  
#15  
MARGATE, FL 33068

## New Mailing Address:

441 SOUTH STATE ROAD 7  
#15  
MARGATE, FL 33068

FEI Number: 22-3939029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ERAMO, ELIZABETH  
Address: 1925 COMMERCIAL BOULEVARD, #210  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VSD ( ) Delete  
Name: ERAMO, JOHN  
Address: 1925 COMMERCIAL BOULEVARD, #210  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ERAMO, ELIZABETH  
Address: 441 SOUTH STATE RD 7 #15  
City-St-Zip: MARGATE, FL 33068

Title: VSD (X) Change ( ) Addition  
Name: ERAMO, JOHN  
Address: 441 SOUTH STATE RD 7 #15  
City-St-Zip: MARGATE, FL 33068

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: ELIZABETH ERAMO

PTD

04/10/2007

Electronic Signature of Signing Officer or Director

Date