

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000030294

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** SAFETYSTARS PROFESSIONAL ASSOCIATES, INC.

**Current Principal Place of Business:**

10859 HOFFNER EDGE DRIVE  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

10859 HOFFNER EDGE DRIVE  
RIVERVIEW, FL 33579

**New Mailing Address:**

**FEI Number:** 26-4672548

**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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: STONE, JAMES F III  
Address: 10859 HOFFNER EDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VPTD  
Name: STONE, IZABELA  
Address: 10859 HOFFNER EDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

I hereby 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 all other like empowered.

SIGNATURE: JAMES F. STONE III

PSD

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date