

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083963

FILED  
Apr 19, 2012  
Secretary of State

Entity Name: MY SAFE CORP.

**Current Principal Place of Business:**

1900 NW 97TH AVE.  
SUITE 714-32919  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1900 NW 97TH AVE.  
SUITE 714-32919  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 27-1135037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH ST.  
C 201  
DORAL, FL 33172 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: P/D  
Name: CALVO, DIEGO J  
Address: 1900 NW 97TH AVE., SUITE 714-32919  
City-St-Zip: DORAL, FL 33172

Title: VP/D  
Name: GONZALEZ, JUAN C  
Address: 1900 NW 97TH AVE., SUITE 714-32919  
City-St-Zip: DORAL, FL 33172

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: JUAN C. GONZALEZ

VP/D

04/19/2012

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

\_\_\_\_\_ Date