

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000064969

Entity Name: SAFEGUARD STM, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1239 E NEWPORT CENTER DRIVE  
SUITE 101  
DEERFIELD BEACH, FL 33442 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1239 E NEWPORT CENTER DRIVE  
SUITE 101  
DEERFIELD BEACH, FL 33442 US

## **New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROSENTHAL, JANIS L ESQ.  
9703 S. DIXIE HWY  
SUITE 209  
MIAMI, FL 33156 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: DP  
Name: COHEN, ARNOLD  
Address: 1239 E NEWPORT CENTER DRIVE, SUITE 101  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DVP  
Name: COHEN, BRADLEY  
Address: 1239 E NEWPORT CENTER DRIVE, SUITE 101  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DVP  
Name: COHEN, SETH  
Address: 1239 E. NEWPORT CENTER DRIVE, SUITE 101  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: ARNOLD COHEN

PRES

04/28/2012

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

\_\_\_\_\_  
Date