

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031924

FILED
Jun 30, 2004
Secretary of State

Entity Name: SAFARI PROGRAMS I OF FLORIDA, INC.

Current Principal Place of Business:

1400 NW 159 STREET
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1400 NW 159 STREET
MIAMI, FL 33169 US

New Mailing Address:

P.O. BOX 630685
MIAMI, FL 33163 US

FEI Number: 65-0408501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, WILLIAM J
1799 NE 164TH ST
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

HESS, ALAN
6201 N.W. 21ST COURT
BOCA RATON, FL 33496 US

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: ALAN HESS

06/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBEL, BERNARD
Address: 1400 NW 159TH STREET
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOZYAK, JOHN W
Address: 2800 WACHOVIA FINANCIAL CENTER
City-St-Zip: MIAMI, FL 33131 US

Title: P () Change (X) Addition
Name: HESS, ALAN
Address: 6201 N.W. 21ST COURT
City-St-Zip: BOCA RATON, FL 33496 US

Title: S () Change (X) Addition
Name: PARIENTE, RAMONA
Address: 1541 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL US

Title: T () Change (X) Addition
Name: MADGE, APRIL
Address: 8352 S. MISSIONWOOD CIRCLE
City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: APRIL MADGE

T

06/30/2004

Electronic Signature of Signing Officer or Director

Date