2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# P93000031924

Entity Name: SAFARI PROGRAMS I OF FLORIDA, INC.

Current Principal Place of Business:

1400 NW 159 STREET
SUITE #104
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 630685
MIAMI, FL 33163 US

New Mailing Address:

1400 NW 159 STREET
SUITE #104
MIAMI GARDENS, FL 33169 US

FEI Number: 65-0408501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARIENTE, RAMONA
1541 BRICKELL AVENUE
#407
MIAMI, FL 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: D ( ) Delete
Name: PARIENTE, RAMONA
Address: 1541 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL US

Title: P ( ) Delete
Name: PARIENTE, RAMONA
Address: 1541 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL US

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

Title: T ( ) Delete
Name: PARIENTE, ALEXANDRE
Address: 1541 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL US

Title: VP ( ) Delete
Name: QUERCIA, DAVID
Address: 1541 BRICKELL AVENUE #407
City-St-Zip: MIAMI, FL US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAMONA PARIENTE P 01/27/2006

Electronic Signature of Signing Officer or Director Date