

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031924

FILED  
Mar 25, 2009  
Secretary of State

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:

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

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

PARIENTE, RAMONA  
1541 BRICKELL AVENUE  
#407  
MIAMI, FL 33129 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 33129 US

Title: P ( ) Delete  
Name: PARIENTE, RAMONA  
Address: 1541 BRICKELL AVENUE #407  
City-St-Zip: MIAMI, FL 33129 US

Title: S ( ) Delete  
Name: PARIENTE, RAMONA  
Address: 1541 BRICKELL AVENUE #407  
City-St-Zip: MIAMI, FL 33129 US

Title: T ( ) Delete  
Name: PARIENTE, ALEXANDRE  
Address: 1541 BRICKELL AVENUE #407  
City-St-Zip: MIAMI, FL 33129 US

Title: VP ( ) Delete  
Name: QUERCIA, DAVID  
Address: 3001 S. OCEAN DRIVE #239  
City-St-Zip: HOLLYWOOD, FL 33019 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: VP S (X) Change ( ) Addition  
Name: PARIENTE, ALEXANDRE  
Address: 1541 BRICKELL AVENUE #407  
City-St-Zip: MIAMI, FL 33129 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEXANDRE PARIENTE

VP S

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date