

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000020780

1. Entity Name
SAFE PASSAGE, INC.



Principal Place of Business
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0573005

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHAEL, GEORGE
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAHAEL, GEORGE
STREET ADDRESS 2900 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE V
NAME RAHAEL, GISELE
STREET ADDRESS 2900 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VS
NAME RAHAEL, PAULINE
STREET ADDRESS 2900 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000734823
05/10/07-80009-007 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Rahael, President

4/15/07

954-753-9500

Date

Daytime Phone #