

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000026812

1. Entity Name
SAFE PROPERTIES, INC.



Principal Place of Business
**9375 PARK DR
SUITE 1
MIAMI SHORES, FL 33138-2838 US**

Mailing Address
**9375 PARK DR
SUITE 1
MIAMI SHORES, FL 33138-2838 US**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0572247

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMUKLER, FORTUNA
3207 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160-3063**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000782795
01/15/08-80090-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMUKLER, FORTUNA
STREET ADDRESS	3207 NE 168 STREET
CITY-ST-ZIP	N. MIAMI BEACH, FL 331603063
TITLE	D
NAME	SMUKLER, SAUL
STREET ADDRESS	3207 NE 168 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331603063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fortuna Smukler

01-07-08 305-759-5552