2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2004 08:00 AM Secretary of State DOCUMENT # P95000058641 1. Entity Name SAFETY PRODUCTS HOLDINGS, INC. Principal Place of Business Mailing Address 2030 N.W. 94TH AVE. 2030 N.W. 94TH AVE. MIAMI, FL 33172 MIAMI, FL 33172 No Chg-P 01122004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0649999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Flegistered Agent CAUNEDO, AGUSTIN JR DO NOT WRITE 2030 N.W. 94TH AVE. MIAMI, FL 33172 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 file if applicable. (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Face 10. OFFICERS AND DIRECTORS NAME CAUNEDO, AGUSTIN JR. 2030 N.W. 94TH AVE. STREET ADDRESS 00000098932 03/29/04-80061-024 150.00 CITY-ST-ZIP MIAMI, FL 33172 D TITLE NAME CAUNEDO, ZUNILDA 2030 N.W. 94TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE MALE STREET ADORESS CITY-ST-ZIP TITI F NAME

12. I hereby certify that the information supplied with this filling does not qualify 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 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 empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DIFFERENCE NAME OF SIGNING OFFICER OR DIRECTOR

3/56/2004 305 553-175

FILED