2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jun 21, 2007 8:00 am Secretary of State **DOCUMENT # P95000058701** 06-21-2007 90022 014 ***150 00 SAFÉ HARBOUR RETIREMENT HOME, INC. Mailing Address Principal Place of Business 4347 SW 54 CT **2610 SW 14TH AVENUE** FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33315 3. Mailing Address 4068 Wh 157 Lever 200 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State A AKELA 65-0609303 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDENBERG, MARCIA Street Address (P.O. Box Number is Not Acceptable) 4347 SW 54 CT FORT LAUDERDALE, FL 33314 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Delete TITLE ☐ Addition 4068 WhisTLEWOOD CINCLE GOLDENBERG, MARCIA NAME NAME STREET ADDRESS 4347 SW 54 CT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33314 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empowered.

FILED

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