

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90049 020 \*\*\*150.00

**DOCUMENT # P96000052385**

1. Entity Name

DARYL J. SAFERSTEIN AND ASSOCIATES, INC.



Principal Place of Business

DARYL SAFERSTEIN DP DR  
18260 NE 19 AVE #104  
MIAMI FL 33162  
US

Mailing Address

DARYL SAFERSTEIN DP DR  
18260 NE 19 AVE #104  
MIAMI FL 33162  
US



2. Principal Place of Business

1390 NE MIAMI GARDENS DR  
Suite, Apt. #, etc.  
209

3. Mailing Address

1390 NE MIAMI GARDENS DR  
Suite, Apt. #, etc.  
209

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FL  
Zip 33179  
Country USA

City & State

MIAMI, FL  
Zip 33179  
Country USA

4. FEI Number

65-0675873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAFERSTEIN, DARYL L  
18260 NE 19 AVE  
SUITE 104  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name DARYL SAFERSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
1390 N.E. MIAMI GARDENS DR  
Suite 209  
City 13. MIAMI BEACH FL Zip Code 33179

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAFERSTEIN, DARYL J	
STREET ADDRESS	19260 NE 19 AVE #104	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SAFERSTEIN, DARYL J	<input type="checkbox"/> Delete
NAME	1390 NE MIAMI GARDENS DR #209	
STREET ADDRESS	13. MIAMI BEACH, FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 305-541-8051  
Date Daytime Phone #