


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90284 023 \*\*\*150.00

DOCUMENT # P96000085789			
1. Entity Name SAFE FOOD SYSTEMS, INC.			
Principal Place of Business 2780 EAST OAKLAND PARK BLVD. FT LAUDERDALE, FL 33306		Mailing Address 2780 EAST OAKLAND PARK BLVD. FT LAUDERDALE, FL 33306	
2. Principal Place of Business <b>Safe Food Systems, Inc.</b> Suite, Apt. #, etc. <b>2206 Northeast 26 Street</b>		3. Mailing Address Suite, Apt. #, etc. <b>2206 Northeast 26 Street</b>	
City & State <b>Fort Lauderdale, FL 33306</b>		4. FEI Number <b>65-0719781</b>	
Zip <b>33306</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUNDLACH, WILLIAM</b> <b>2780 EAST OAKLAND PARK BLVD.</b> <b>FT LAUDERDALE, FL 33306</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUNDLACH, WILLIAM III 2780 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2206 NE 26th Street Ft. Lauderdale FL 33305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUNDLACH, JON ERIC 2780 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2206 NE 26th Street Ft Lauderdale FL 33305</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <i>William Gundlach</i>		Date: <i>4-22-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	