


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000070105		
1. Entity Name SAFARI MIAMI CORPORATION		

Principal Place of Business 1408 BRICKELL BAY DRIVE SUITE 614 MIAMI, FL 33131	Mailing Address 1408 BRICKELL BAY DRIVE SUITE 614 MIAMI, FL 33131
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0807056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALAZAR, ALFONSO 1408 BRICKELL BAY DRIVE SUITE 614 MIAMI, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZAR, ALFONSO 1408 BRICKELL BAY DRIVE #614 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZAR, FRANCISCA 1408 BRICKELL BAY DRIVE #614 MIAMI, FL 33131
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04/22/04-80070-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X. Alfonso Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 305-372-9003
Date Daytime Phone #