

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040106

Entity Name: SAFE DATA SYSTEMS, INC.

FILED
Aug 19, 2005
Secretary of State

Current Principal Place of Business:

220 MIRACLE MILE
STE 230
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 145238
CORAL GABLES, FL 331145238

New Mailing Address:

FEI Number: 65-0849508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARMONA, LETICIA I
3280 SW 190 AVENUE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARMONA, LETICIA
Address: 3280 SW 190TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: V () Delete
Name: CARMONA, LUIS M
Address: 3280 SW 190TH AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETICIA CARMONA

P

08/19/2005

Electronic Signature of Signing Officer or Director

_____ Date