


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000066825 1. Entity Name SAFEGUARD PROPERTIES, INC.	
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Principal Place of Business ONE SE 3RD AVE STE 3050 MIAMI, FL 33131	Mailing Address ONE SE 3RD AVE STE 3050 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0855304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSENBERG, DONALD S ROSENBERG, REISMAN & STEIN LLP ONE S.E. THIRD AVENUE #3050 MIAMI, FL 33131
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**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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VINEBERG, STEPHEN A 1980 SHERBROOKE STREET WEST #400 MONTREAL, QUEBEC, CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD STEIN, JAMES W 4141 SHERBROOKE STREET WEST, SUITE 220 WESTMOUNT, QC h3z 1b8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEVENSON, GRANT A 4141 SHERBROOKE STREET WEST, SUITE 220 WESTMOUNT, QB h3z 1b8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ROSENBERG, DONALD S ONE S.E. THIRD AVENUE #3050 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/13/05-80033-020 158.75

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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:  Asst Secy 1/13/05 305 358 2600	DATE: _____	DAYTIME PHONE #: _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		