

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067067

1. Entity Name
SAFE EXIT CORPORATION



FILED

05 JUL 13 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2175 SOUTH OCEAN BOULEVARD
UNIT 504
DEL RAY BEACH, FL 33483

Mailing Address
2175 SOUTH OCEAN BOULEVARD
UNIT 504
DEL RAY BEACH, FL 33483

05/03/05 90148 032 \$150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0855868

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

Name
David Shichman

Street Address (P.O. Box Number is Not Acceptable)
2175 So. Ocean Blvd - 504

Delray Beach, FL 33483

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SOUPIO, MARION D
STREET ADDRESS 2175 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP DEL RAY BEACH, FL 33483

TITLE President ☒ Change ☐ Addition
NAME David Shichman
STREET ADDRESS 2175 So. Ocean Blvd - 504
CITY-ST-ZIP Delray Beach, FL 33483

TITLE VD ☐ Delete
NAME CRAWFORD, KAREN M
STREET ADDRESS 2175 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP DEL RAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SHICHMAN, MICHAEL A
STREET ADDRESS 2175 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP DEL RAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4-25-05