


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000016515	
1. Entity Name SAFTA CONSULTING, INC.	

Principal Place of Business 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413	Mailing Address 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0898678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEINBERG, PAUL B ESQ 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140-3413

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 STEINBERG, PAUL B 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 331403413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRAMER, PRISCILLA 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 331403413
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<p>1100000044306 02/11/04-80016-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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>X Paul</i>	Date: <i>2/5/04</i>	Daytime Phone: <i>954 5807745</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		