

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016515**

1. Entity Name  
**SAFTA CONSULTING, INC.**



Principal Place of Business      Mailing Address

**767 ARTHUR GODFREY ROAD**      **767 ARTHUR GODFREY ROAD**  
**MIAMI BEACH, FL 33140-3413**      **MIAMI BEACH, FL 33140-3413**

**DO NOT WRITE IN THIS SPACE**



04252007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**56-0898678**      Not Applicable

5. Certificate of Status Desired        **\$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**

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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, 2007 Fee will be \$550.00**

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

U00000740916  
 05/15/07-80007-023 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Paul B Steinberg      Date: 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #