

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104423

FILED
Apr 27, 2006
Secretary of State

Entity Name: SAFARI MANUFACTURING, INC.

Current Principal Place of Business:

2056 C NORTH DIXIE HIGHWAY
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2056 C NORTH DIXIE HIGHWAY
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-0977439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGHT, GARTH
2056 NORTH DIXIE HIGHWAY
FORT LAUDERDALE, FL 33305 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WIGHT, GARTH
Address: 800 S. RIO VISTA BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: WIGHT, LARAINÉ
Address: 800 S. RIO VISTA BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33316

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 Chapter 119, 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: LARAINÉ WIGHT

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date