

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 25 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07202007 Chg-P CR2E034 (12/06)

DOCUMENT # S07474
1. Entity Name
SAFECO INVESTMENTS, INC.



Principal Place of Business
**15180 SW 113 STREET
MIAMI, FL 33196**

Mailing Address
**15180 SW 113 STREET
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #
2475 Brickell Ave

3. Mailing Address
2475 Brickell Ave

Suite, Apt. #, etc.
Suite 2504

Suite, Apt. #, etc.
Suite 2504

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
Dade

Zip
33129

Country
Dade

4. FEI Number
65-0230649

Applied For
 Not Applicable

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
FERNANDEZ, FRANCISCO, JR. 15180 S. W. 113 STREET MIAMI, FL 33196	Name Fernandez Francisco Jr.
	Street Address (P.O. Box Number is Not Acceptable) 2475 Brickell Ave
	Apt # 2504
	City Miami FL Zip Code 33129

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 \$550.00 Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, FRANCISCO, JR. 15180 S W 113 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez, Francisco Jr 2475 Brickell Ave, Apt # 2504 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **7/20/07** Date