



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S24921			
1. Entity Name SAFASATU DEVELOPMENT CORPORATION			
Principal Place of Business 1003 DEL PRADO BLVD. SUITE 300 CAPE CORAL, FL 33990		Mailing Address 1003 DEL PRADO BLVD. SUITE 300 CAPE CORAL, FL 33990	
DO NOT WRITE IN THIS SPACE			
			
		04232004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3054479		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 BERKE, BILL B. 1003 DEL PRADO BLVD. SUITE 300 CAPE CORAL, FL 33990		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERKE, BILL B. 1003 DEL PRADO BLVD. STE. 300 CAPE CORAL, FL 33990	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKE, BILL B. 1003 DEL PRADO BLVD. CAPE CORAL, FL 33990		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/23/04 (239) 549-6689 <small>Daytime Phone #</small>	