2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S49461

1. Entity Name
INVEST SAFELY, INC.

Principal Place of Business	Mailing Address
6101 PEMBROKE ROAD HOLLYWOOD, FL 33023 US	6101 PEMBROKE ROAD HOLLYWOOD, FL 33023 US

05022006 No Chg-P CR2E034 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0301644

5. Certificate of Status Desired ☐ **$8.75** Fee Required

6. Name and Address of Current Registered Agent

ROQUE, HECTOR JR.
6101 PEMBROKE ROAD
HOLLYWOOD, FL 33023

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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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), the corporation did not receive the prior year's

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ROQUE, HECTOR JR.
STREET ADDRESS	6101 PEMBROKE ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80124-001 150.00

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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/06 954-987-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone