

# FOR PROFIT CORPORATION ANNUAL REPORT

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11 JUN -1 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V38363

1. Entity Name

Safepoint Financial Corp



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

99 SW 7 STREET

3. Mailing Address

Suite, Apt. #, etc.

# B

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33130

Country

Zip

Country

4. FEI Number

65-0384070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

Jorge A. Ortega

Street Address (P.O. Box Number is Not Acceptable)

2538 Crystal CT

City

Coconut Grove

FL

Zip Code

33133

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

Jorge A. Ortega

5/10/11

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
Jorge A. Ortega  
99 SW 7 STREET # B  
Miami FL 33130

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
Roberto Ortega  
99 SW 7 STREET # B  
Miami FL 33130

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Miami FL 33130

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

10/11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Jorge A. Ortega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/10/11 205-3770390-232

200207314342  
05/06/11 --01011--013 \*\*150.00

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