


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F29794**  
 1. Entity Name  
 PROTECT-O-LARMS, INC.



Principal Place of Business: 1123 SOUTH 21ST AVE. HOLLYWOOD, FL 33020-5935  
 Mailing Address: PO BOX 221645 HOLLYWOOD, FL 33022



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2084438  
 Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBIN, SUSAN K.  
 2111 NE 211 ST  
 NO. MIAMI BEACH, FL 33179

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBIN, BERNARD H. 2111 NE 211 STREET N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBIN, EDITH 9670 NW 39 COURT COOPER CITY, FL 33024
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 04/07/05-80061-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (Signature of Robin, Bernard H.)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_  
 Date: 4/4/05 Daytime Phone #: 954 921 2202