


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90663 024 ***150.00

| | |
|--|---|
| DOCUMENT # P01000044893 |  |
| 1. Entity Name CITIZEN PROTECTION, INC | |

| | |
|---|---|
| Principal Place of Business 258 SUNNY ISLE BLVD SUNNY ISLE FL 33160 | Mailing Address 258 SUNNY ISLE BLVD SUNNY ISLE FL 33160 |
|---|---|

| | |
|---|-----------------------------------|
| 2. Principal Place of Business <i>Same</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1100018 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent <i>Delete</i> FRAGA, ADA 258 SUNNY ISLE BLVD SUNNY ISLE FL 33160 | |
|---|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name <i>Fraga Ada</i> Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City FL Zip Code | |
|--|--|

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 *President* DATE *04/03/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | PSD FRAGA, ADA D 258 SUNNY ISLE BLVD SUNNY ISLE FL 33160 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIVERO, JOSE M 258 SUNNY ISLE BLVD SUNNY ISLE FL 33160 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Vice president</i> <i>Alex Chavez</i> <i>258 Sunny Isle Blvd</i> <i>Sunny Isle Fl 33160</i> <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SD</i> <i>Jose Alonso</i> <i>258 Sunny Isle Blvd</i> <i>Sunny Isle Fl 33160</i> <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Vice President</i> <i>Alex Chavez</i> <i>258 Sunny Isle Blvd</i> <i>Sunny Isle Fl 33160</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SD</i> <i>Jose Alonso</i> <i>258 Sunny Isle Blvd</i> <i>Sunny Isle Fl 33160</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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: *President* DATE *04/03/04* 305-793-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #