

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035045	
1. Entity Name SECURITY CONSULTANT MANAGEMENT AGENCY INC	

Principal Place of Business 2830 NW 153TH TERR OPA-LOCKA, FL 33054	Mailing Address 2830 NW 153TH TERR OPA-LOCKA, FL 33054
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2. Principal Place of Business 2040 NE 163 RD ST. Suite, Apt. #, etc. Suite 307 B+D City & State N. Miami Beach, FL Zip 33162 Country U.S.A.	3. Mailing Address 2040 NE 163 RD ST. Suite, Apt. #, etc. Suite 307 B+D City & State N. Miami Beach, FL. Zip 33162 Country U.S.A.
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04192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent VIXAMAR, HERAUT 2830 NW 153TH TERR OPA-LOCKA, FL 33054	
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIXAMAR, HERAUT 2830 NW 153TH TERR OPA-LOCKA, FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100035787091 ☐ Addition 05/07/04--01096--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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  4/23, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #