2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000035045

1. Entity Name

SECURITY CONSULTANT MANAGEMENT AGENCY INC



FILED Apr 28, 2006 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

2040 NE 163RD STREET SUITE 307 B&D

N MIAMI BEACH, FL 33162

2040 NE 163RD STREET SUITE 307 B&D N MIAMI BEACH, FL 33162



04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIXAMAR, HERAUT 2830 NW 153TH TERR OPA-LOCKA, FL 33054

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					THO OF AGE
8. The above the obligati	named entity submits this statement for the poons of registered agent.	urpose of changing its registered o	fiice or r	registered agent, or b	ooth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title t	applicable. (NOTE: Registered Age	nt signature	e required when reinstating)	DATE
FILI After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	, 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIXAMAR, HERAUT 2830 NW 153TH TERR OPA-LOCKA, FL 33054				
TITLE NAME STREET ADDRESS CATY-ST-ZIP					//00000541003 05/10/06-80039-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE Name Street address City-St-Zip				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ď		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not quality 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Heraut Vixamor (226) 306-6936