2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300016520 1. Entity Name TACTICAL PROTECTIVE SERVICES INC.								FILED OAFEB-5 PM 2:57					
Principal Place of Business * 782 NW LEJEUNE ROAD STE 548 MIAMI, FL 33126			7	Mailing Address 782 NW LEIEUNE ROAD STE 548 MIAMI, FL 33126				TALL AHASSEE, FLORIDA					
2. Principal Place of Business 2461 SW 19 Street Suite, Apt. #, etc.			2	3. Mailing Address 2461 SW 19 Street Suite, Apt. #, etc.				02022004	Chg-P			34 (10/03)	
City & State MIAMI FL				City & State MIAMI FL				4. FEI Numb				Ар	plied For
Zip _t 33145	Country USA			Zip Cour 33145		try USA	SA		of Status Desir	ed 🕎		\$8.75 Add Fee Required	
6. Name and Address of Current R				legistered Agent			7. Name and Address of New Registered Agent Name						
MARQUEZ, JOSE M ESQ 782 NW LEJEUNE ROAD STE 548 MIAMI, FL 33126				2.0			Street Address (P.O. Box Number is Not Acceptable)						
											FL	Zip Code	
			ent for the p	ourpose of changing its	registere	ed office o	register	ed agent, or bo	th, in the State	of Florida.		amiliar with,	and accept
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													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS	AND DIRE		11.		n con	ADDITIONS	CHANGES TO	OFFICER:	S AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OBERTO J EJEUNE ROAD S . 33126	TE 548	Delete TITLE NAME STREE CITY-			2461	Z, Roberto J. SW 19 Street ai, FL 33145					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ì		Delete TITLE NAME STREE CITY-			2461	☑ Change ☐ Ad Z, Roberto J. SW 19 Street i, FL 33145					Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	□ Delete								☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	СПУ	E Et address -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 reporter 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 attactoment with an address, with all other like empowered.													
SIGNAT	URE	SIGNATURE AND TYP		Roberto J. Perez			01,	/30/2004 Date	(30		856-941 aytime Phone #	68	