
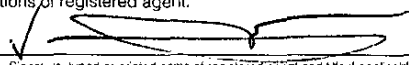



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90203 045 \*\*\*150.00

<b>DOCUMENT # P03000037589</b> 1. Entity Name <b>UNIVERSAL CONTROL &amp; SECURITY, INC.</b>			
Principal Place of Business <b>7757 NW 146TH STREET MIAMI LAKES, FL 33016</b>		Mailing Address <b>7757 NW 146TH STREET MIAMI LAKES, FL 33016</b>	
2. Principal Place of Business <b>9050 Pines Blvd, Suite 386</b> Suite, Apt. #, etc.		3. Mailing Address <b>9050 Pines Blvd, Suite 386</b> Suite, Apt. #, etc.	
City & State <b>Pembroke Pines, FL 33024</b> Zip Country		City & State <b>Pembroke Pines, FL 33024</b> Zip Country	
4. FEJ Number <b>51-0458800</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAULT, YANNICK 7757 NW 146TH STREET MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name: <b>Yannick Rault</b> Street Address (P.O. Box Number is Not Acceptable) <b>9050 Pines Blvd, Suite 386</b> City: <b>Pembroke Pines, FL 33024 FL</b> 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:  DATE: <b>1/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>RAULT, YANNICK 7757 NW 146TH STREET MIAMI LAKES, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. <b>Rault, Yannick 9050 Pines Blvd, Suite 386 Pembroke Pines, FL 33024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date: <b>4/30/04</b> Daytime Phone #: <b>786.2870149</b>	