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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000045687

1. Entity Name
CRIME GUARD SECURITY SYSTEMS, INC.

94018679

Principal Place of Business	Mailing Address
10 FAIRWAY DR. STE 134 DEERFIELD BEACH, FL 33441 US	5970 SW 18TH ST SUITE 301 BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE

01172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0692894

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NADLER, FYLLIS
1598 S.W. 21ST LANE
BOCA RATON, FL 33486

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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
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NADLER, DON
STREET ADDRESS	1598 SW 21 LANE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S
NAME	KERRY, GENE
STREET ADDRESS	5970 SW 18TH STREET #301
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	NADLER, MARSHALL
STREET ADDRESS	1598 SW 21 LANE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/31/04 561 417-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #