
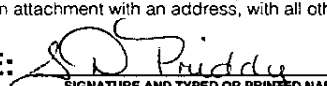


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90002 027 ***550.00

DOCUMENT # P94000061685			
1. Entity Name A1A SUPERIOR LOCK & SAFE, INC.			
Principal Place of Business 1417 N. OCEAN BLVD. POMPANO BEACH FL 33062		Mailing Address 1417 N. OCEAN BLVD. POMPANO BEACH FL 33062	
2. Principal Place of Business		3. Mailing Address 140 Royal Palm Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plantation FL	
Zip	Country	Zip 33317	Country Broward
6. Name and Address of Current Registered Agent WARD, DALAN 1417 N. OCEAN BLVD. POMPANO BEACH FL 33062		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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, DALEN 1417 N. OCEAN BLVD. POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-28-04 Daytime Phone # 954 325 7015	

J4071121



MOORE

CR2E034 (4/04)

4. FEI Number **65-0532778**

Applied For
Not Applicable

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