


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000044129</b>	
1. Entity Name ELH SECURITY CONSULTANT, INC.	

Principal Place of Business P. O. BOX 297378 PEMBROKE PINES, FL 33029-7378	Mailing Address P. O. BOX 297378 PEMBROKE PINES, FL 33029-7378
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**DO NOT WRITE IN THIS SPACE**



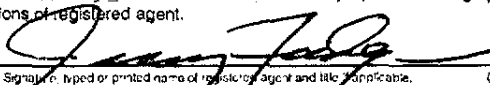
03062005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1880568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FADGEN, JERRY CPA 21 EAST ACRE DRIVE PLANTATION, FL 33029-7378	
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**DO NOT WRITE IN THIS SPACE**

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: 3-7-05


Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when recertifying)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, EDWIN L P. O. BOX 297378 PEMBROKE PINES, FL 330297378
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HERNANDEZ, A. VERONICA P. O. BOX 297378 PEMBROKE PINES, FL 330297378
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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: 3/7/05 DAYTIME PHONE: (954) 205-2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR