**2004 FOR PROFIT CORPORATION** 

## **ANNUAL REPORT (AR) DOCUMENT # 194719**



Principal Place of Business

1. Entity Name

SOUTH FLORIDA DETECTIVE BUREAU INC

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SOUTH FLORIDA DETECTIVE BUREAU, INC SOUTH FLORIDA DETECTIVE BUREAU, INC

Mailing Address

FILED								
Mar 02, 2004 8:00 an	1							
Secretary of State								

03-02-2004 90027 024 \*\*\*150.00

1401 NE 117TH STREET MIAM! FL 33161 US				1401 NE 117TH STREET MIAMI FL 33161 US  3. Mailing Address							
2. Principal Place of Business		3. Mailing									
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			<i>~</i>	MOORE	CR2E034	(11/03)		
City & State			City & S	City & State		4.	FEI Numbe	59-19409	53		plied For t Applicable
Zip		Country	Zip		Country	5.	Certificate	of Status Desired		\$8.75 Add Fee Required	
••••	6. Name a	and Address of Cur	rent Registered A	Agent		7. 1	Name and	Address of New	Registered A	Agent	
	_			- A	Name		· _ =				-
POLERO, WILLIAM 1401 NE 117 ST.			Street Address (P.O. Box Number is Not Acceptable)								
MIA	MI FL 331	61									
					City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9
the obligat	tions of registe	submits this stateme red agent.	ent for the purpose	e of changing its re	gistered office o	registered ag	gent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered	agent and title if applicat	ole. (NOTE: R	egistered Agent signat	ure required when r	einstating)		DATE		
Afte	r May 1, 200	FEE IS \$150.00 4 Fee will be \$550 Florida Departme	.00					ection Campaign ist Fund Contribu			<b>0</b> May Be to Fees
10.	*	OFFICERS .	AND DIRECTORS		11.		DITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S POLERO, W 1401 N.E. 1 MIAMI FL 3	17 STREET		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	P/S WILLIAM IHOI NI MIAMI	E 117	STREET		<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLERO, J 1401 N.E. 1 MIAMI FL 3	17 STREET		□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change	☐ Addition
NAME - STREET ADDRESS CITY-ST-ZIP	1			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			مانيا <u>منا</u> ميا	.= .	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	Change	☐ Addition
TITLE				☐ Delete	TITLE					☐ 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 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 of the like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR