2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2004 8:00 am **DOCUMENT # 385107** Secretary of State 1. Entity Name 05-04-2004 90232 001 \*\*\*793.75 50 STATE SECURITY SERVICE, INC. Mailing Address Principal Place of Business 1150 NE 125 ST 1150 NE 125 ST NORTH MIAMI FL 33161 NORTH MIAM! FL 33161 66418647 2. Principal Place of Business 3. Mailing Address NE 125 St. 1125 NE 125 1125 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-1354432 N. Miami N. Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired นิรA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name hristopher KRETZSCHMAR, TED L Street Address (P.O. Box Number is Not Acceptable) 1150 NE 125 ST NORTH MIAMI FL 33161 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 agen SIGNATURE Signature Typed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete Kretzschmar Ted L. KRETZSCHMAR, TED L NAME 1125 NE 125 St. #300 STREET ADDRESS STREET ADDRESS 1150 NE 125 ST N. Miami, Fl. 33161 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 **X** Addition PD ☐ Delete TITLE Williams, John 1125 NE 125 St. #300 NAME YAO, LIANNE NAME STREET ADDRESS STREET ADDRESS 1150 NE 125 ST N. miami, Fl. 33161 CITY-ST-ZIP NORTH MIAMI FL 33161 CITY - ST - 7/P TITLE Change ☐ Addition TITLE Delete NAME MURPHY, WILLIAM A STREET ADDRESS STREET ADDRESS 1150 NE 125 ST CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 Change Addition ☐ Delete TITLE NAME Lianne NAME 1125 NE 125 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Liquid - Max Lianne K, Yap 4/37/04 (305)891-7000

SIGNATURE and TYPED ON PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Date Disjustice Phone #