## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 16, 2005 8:00 am **Secretary of State DOCUMENT #822320** 03-16-2005 90025 023 \*\*\*150.00 SECURITY MANAGEMENT CORP Mailing Address Principal Place of Business 1250 E. HALLANDALE BEACH BLVD 1250 E. HALLANDALE BEACH BLVD **STE 300 STE 300** HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 52-0618729 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NESTOR, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1250 E. HALLANDALE BEACH BLVD **STE 300** HALLANDALE, FL 33009 City 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 Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DVST ☐ Delete TITLE ☐ Change ☐ Addition THLE NAME LAUNER, BLANCHE S NAME STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., STE300 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP Vice Chairman / EXVP/AT/ASIXChange ☐ Delete TITLE TITLE NAME COLVIN, MELVIN R NAME 1250 E. HALLANDALE BEACH BLVD., STE300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL 33009 Chairman / Pres/CEO/AT/AS **CPAS** Delete TITLE ☐ Addition TITLE NESTOR, BRENDA NAME NAME STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., STE300 STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MCGANN, EDWARD T NAME 1250 E. HALLANDALE BEACH BLVD., STE300 STREET ADDRESS STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachm

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NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

OFFICER OR DIRECTOR

☐ Defete

☐ Change

Addition