
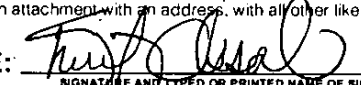


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 025 ***150.00

DOCUMENT # F02000004808 1. Entity Name AMERICAN GUARD SERVICES, INC.			
Principal Place of Business 13416 SO. HAWTHORNE BLVD. #F HAWTHORNE, CA 90250		Mailing Address 13416 SO. HAWTHORNE BLVD. #F HAWTHORNE, CA 90250	
2. Principal Place of Business - No P.O. Box # 1299 E. Artesia Blvd.		3. Mailing Address 1299 E. Artesia Blvd.	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Carson CA.		City & State Carson CA.	
Zip 90746		Zip 90746	
Country USA		Country USA	
4. FEI Number 95-4654353		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 reissuing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ASSAL, SHERINE 13416 SO. HAWTHORNE BLVD. #F HAWTHORNE, CA 90250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP Assal, Sherine 1299 E. Artesia Blvd. suite 200 Carson CA 90746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ASSAL, SHERIF 13416 SO. HAWTHORNE BLVD.#F HAWTHORNE, CA 90250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC Assal, Sherif 1299 E. Artesia Blvd suite 200 Carson CA 90746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Sherif Assal	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-30-08 (310) 645-6200	