2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17504

FILED Apr 13, 2004 Secretary of State

Entity Name: FLORIDA HOME SECURITY & IRONWORKS, INC. **Current Principal Place of Business: New Principal Place of Business:** 14025 N W 19TH AVE MIAMI, FL 33054 US **Current Mailing Address: New Mailing Address:** 14025 N W 19TH AVE MIAMI, FL 33054 FEI Number: 59-2064609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CIRAVOLO, RICK, G. ANTHONY PAZIENZA 2930 NE 2ND COURT 14025 NW 19TH AVENUE MIAMI, FL 33137 MIAMI, FL 33054 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. SIGNATURE: ANTHONY PAZIENZA 04/13/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PAZIENZA, ANTHONY, Name: Name: 14025 N W 19TH AVE Address: Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: Title: VD Title: () Delete () Change () Addition ROY, BRENNON T. Name: Name: 14025 N W 19TH AVE Address: Address: MAIMI, FL 33054 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition BAUDOT, C.W., Name: Name: 30 NE 96 ST Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: AST () Delete Title: () Change () Addition CARTER, STEVEN. M., Name: Name: Address: 12841 SW 70 AVE Address: City-St-Zip: MIAMI, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY PAZIENZA **PRES** 04/13/2004