


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90169 043 ***150.00

DOCUMENT # J09230 1. Entity Name MIAMI SAFE & VAULT MOVERS, INC.					
Principal Place of Business 3500 CANAL RD LAKE WALES, FL-33853 <div style="text-align: right; font-size: 1.2em;">33898</div>			Mailing Address 3500 CANAL RD LAKE WALES, FL-33853 <div style="text-align: right; font-size: 1.2em;">33898</div>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2666672	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HURLEY, JAMES N. 2650 BISCAYNE BLVD. MIAMI, FL 33137				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-size: 1.2em;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP WEZYK, FRANK <input type="checkbox"/> Delete STREET ADDRESS 3500 CANAL RD CITY-ST-ZIP LAKE WALES, FL-33853 33898		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Frank Wezyk <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-28-05 863-439-2023 <small>Date Daytime Phone #</small>		