

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J55790</b>																																										
1. Entity Name SAMSON SECURITY, INC.																																										
Principal Place of Business 6772 W. FLAGLER STREET. MIAMI, FL 33144	Mailing Address 6772 W. FLAGLER STREET. MIAMI, FL 33144	  04202004    No Chg-P    CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-2801426</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number 59-2801426	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																					
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<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  SIXTO, EDDIE 6772 W. FLAGLER ST. MIAMI, FL 33144		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">P</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">SIXTO, EDDIE A.</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">6782 W FLAGLER ST</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">MIAMI, FL 33175</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">V</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">SIXTO, MARIA A</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">6782 W FLAGLER ST</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">MIAMI, FL 33175</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	P	NAME	SIXTO, EDDIE A.	STREET ADDRESS	6782 W FLAGLER ST	CITY - ST - ZIP	MIAMI, FL 33175	TITLE	V	NAME	SIXTO, MARIA A	STREET ADDRESS	6782 W FLAGLER ST	CITY - ST - ZIP	MIAMI, FL 33175	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  UN0000138338 04/29/04-80074-013 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/26/04</u> Daytime Phone #: <u>(305) 262-4208</u>																																								