

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90280 046 ***150.00

DOCUMENT # J98096

1. Entity Name
A-1 INVESTIGATIVE AGENCY, INC.



Principal Place of Business 2500 HOLLYWOOD BLVD STE 209 HOLLYWOOD, FL 33020 US	Mailing Address 2500 HOLLYWOOD BLVD STE 209 HOLLYWOOD, FL 33020 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0306408	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 BLEIER, HENRY 2699 STIRLING RD., STE. C-307 FT. LAUDERDALE, FL 33312	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 reinstating) DATE _____

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																				
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STREINER, SAMUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2500 HOLLYWOOD BLVD -STE 206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33020</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	STREINER, SAMUEL		STREET ADDRESS	2500 HOLLYWOOD BLVD -STE 206		CITY-ST-ZIP	HOLLYWOOD, FL 33020		<table border="1"> <tr> <td>TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2500 Hollywood Blvd., Suite 209</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2500 Hollywood Blvd., Suite 209	STREET ADDRESS		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete																			
NAME	STREINER, SAMUEL																				
STREET ADDRESS	2500 HOLLYWOOD BLVD -STE 206																				
CITY-ST-ZIP	HOLLYWOOD, FL 33020																				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	2500 Hollywood Blvd., Suite 209																				
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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																					
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	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: SAMUEL STREINER 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #