

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 049 ****50.00

DOCUMENT # L03000040936					
1. Entity Name UNIVERSAL SECURITY RENTAL, LLC					
Principal Place of Business 10800 BISCAYNE BLVD., SUITE 735 MIAMI, FL 33161			Mailing Address 10800 BISCAYNE BLVD., SUITE 735 MIAMI, FL 33161		
2. Principal Place of Business 7400 NW 7th Street Suite, Apt. #, etc. 110 City & State Miami, FL Zip 33126 Country USA		3. Mailing Address 7400 NW 7th Street Suite, Apt. #, etc. 110 City & State Miami, FL Zip 33126 Country USA			
02112004 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-0592788	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name SANCHEZ, CAMILO F. Street Address (P.O. Box Number is Not Acceptable) 7400 NW 7th Street, #110 City Miami FL Zip Code 331		
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 DATE 4/19/04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME SANCHEZ, CAMILO F STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 735 CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE MGRM NAME SANCHEZ, CAMILO F. STREET ADDRESS 7400 NW 7th Street, #110 CITY-ST-ZIP Miami, FL 33126	<input checked="" 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	
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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			MGRM 4/19/04 301-4500431		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		