

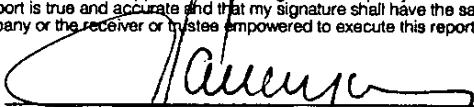


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 041 ****50.00

DOCUMENT # L03000040936 1. Entity Name UNIVERSAL SECURITY RENTAL, LLC					
Principal Place of Business 7400 NW 7TH STREET 110 MIAMI, FL 33126 US			Mailing Address 7400 NW 7TH STREET 110 MIAMI, FL 33126 US		
2. Principal Place of Business 877 NW 208 Dr. Suite, Apt. #, etc.		3. Mailing Address 877 NW 208 Dr Suite, Apt. #, etc.			
City & State PEMBROKE PINES		City & State PEMBROKE PINES		4. FEI Number 20-0592788	
Zip 33029		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, CAMILO F 7400 NW 7TH STREET #110 MIAMI, FL 331		7. Name and Address of New Registered Agent - Name CAMILLO F. SANCHEZ (SAME) Street Address (P.O. Box Number is Not Acceptable) 877 NW 208 Dr. City PEMBROKE PINES FL Zip Code 33029			
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>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, CAMILO F 7400 NW 7TH STREET, #110 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, CAMILO F. 877 NW 208 Dr. PEMBROKE PINES, FL 33029 <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	MGRM SANCHEZ, MAURICIO 877 NW 208 Dr. PEMBROKE PINES, FL 33029 <input type="checkbox"/> Change <input checked="" 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)(l), 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: 			2/17/05 305-4500431		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		