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Ross Trager PA

FILED
Mar 25, 2004 8:00 am
Secretary of State

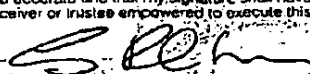
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**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

34002140



MOORE CR2E083 (11/03)

DOCUMENT # L03000046228			
1. Entity Name SECUTRONEX INTERNATIONAL SECURITY USA, LLC			
Principal Place of Business C/O ROSS TRAGER, CPA 1000 N HIATUS RD, STE 110 PEMBROKE PINES FL 33026		Mailing Address C/O ROSS TRAGER, CPA 1000 N HIATUS RD, STE 110 PEMBROKE PINES FL 33026	
NEW ADDRESS			
2. Principal Place of Business 8460 NW 30TH TERRACE		3. Mailing Address 8460 NW 30TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State	
Zip 33122	Country USA	Zip	Country
4. FEI Number 20-0410148		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGER, BERNARD A ESQ 3107 STIRLING RD, STE 105 FORT LAUDERDALE FL 33312		7. Name and Address of New Registered Agent	
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.		Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE 		City FL Zip Code	
NOTE: Registered Agent Signature required when re-registering.			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member-Craig Robinson 10395 NW 43rd Terrace Miami, FL 33178		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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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 		Date FEB-24-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	