Feb 24 04 10:44a Ross Trager PA p.3

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

03-12-2004 90229 007 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000046228

1. Entity Name

SECUTRONEX INTERNATIONAL SECURITY USA, LLC

34002140

Principal Place of Business	Mailing Address
C/O ROSS TRAGER CPA 1000 N HIATUS RD, STE 110 PEMBROKE PINES FL 33026	C/O ROSS TRAGER CPA 1000 N HIATUS RD, STE 110 PEMBROKE PINES FL 33026

NEW ADDRESS

2. Principal Place of Business	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

MOORE CR2E083 (11/03)

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

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 ______________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	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.

Sign Here

SIGNATURE: ______________________ FEB-4-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #