


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90015 021 ***150.00

DOCUMENT # L30978			
1. Entity Name FAMILY SECURITY PROVIDERS, INC.			
Principal Place of Business 1250 S.W. 27 AVE. 402 MIAMI, FL 33135 US		Mailing Address 1250 S.W. 27 AVE. 402 MIAMI, FL 33135 US	
2. Principal Place of Business Suite, Apt. #, etc. 2730 S.W. 3rd Ave. #303 City & State Miami, Florida 33129		3. Mailing Address Suite, Apt. #, etc. 2730 S.W. 3rd Ave. #303 City & State Miami, Florida 33129	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAMPOS, MIGUEL 1250 S.W. 27 AVE. 402 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: Campos, Miguel Street Address (P.O. Box Number is Not Acceptable) 2730 S.W. 3rd Ave. #303 City Miami, Florida 33129 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: <i>[Signature]</i> Miguel Campos, Pres. 3/31/04 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPOS, MIGUEL 1250 S.W. 27 AVE. #402 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Campos, Miguel <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	2730 S.W. 3rd Ave. #303 Miami, Florida 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>[Signature]</i> Miguel Campos, Pres. 3/31/04 857-9967 (805)		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	