


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002590**

1. Entity Name  
**ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSIONALS, INC.**



Principal Place of Business <b>4940 SW 87 COURT          MIAMI, FL 33165 US</b>	Mailing Address <b>4940 SW 87 COURT          MIAMI, FL 33165 US</b>
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**DO NOT WRITE IN THIS SPACE**



07222004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0417695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HICKEY, MAUREEN D  
 4940 SW 87 COURT  
 MIAMI, FL 33165**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<b>MORAN, FRANK 19466 NW 24 PLACE PEMBROKE PINES, FL 33029</b>
TITLE 1VP	<b>SULLIVAN, JACK 1030 NW 111 AVE MIAMI, FL 33172</b>
TITLE 2VP	<b>FERRON, BRIAN 2851 NE 183 ST AVENTURA, FL 33160</b>
TITLE S	<b>HUNTZIGGER, DAVID 1201 NW LEJUNE RD MIAMI, FL 33165</b>
TITLE T	<b>HICKEY, MAUREEN D 4940 SW 87 CT MIAMI, FL 33165</b>
TITLE NAME	STREET ADDRESS CITY - ST - ZIP

U00000169647  
 07/28/04-80005-006 61.25

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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 617, 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:** *Maureen D. Hickey* **7-25-04** **305-274-0226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #