

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 020 ****61.25

DOCUMENT # N93000002590

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



Principal Place of Business
**4940 SW 87 COURT
MIAMI, FL 33165 US**

Mailing Address
**4940 SW 87 COURT
MIAMI, FL 33165 US**



06292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0417695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORAN, FRANK
19466 NW 24 PLACE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VP
SULLIVAN, JACK
1030 NW 111 AVE
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2VP
FERRON, BRIAN
2851 NE 183 ST
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HUNTZIGGER, DAVID
1201 NW LEJUNE RD
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HICKEY, MAUREEN D
4940 SW 87 CT
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-20-05

305-244-0226