


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

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003256	
1. Entity Name LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA, INC.	

Principal Place of Business 10031 N.W. 27TH TERRACE MIAMI, FL 33172	Mailing Address P.O. BOX 226822 MIAMI, FL 33122
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02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAYES, SEAN
10031 N.W. 27 TERRACE
MIAMI, FL 33172**

**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 May 1, 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	PD DELANO, KEITH PO BOX 226822 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REILLY, PATRICK PO BOX 30573 PALM BEACH GARDENS, FL 33420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, MOYER 4974 SW 102 AVENUE COOPER CITY, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASSERO, ROGER 1901 N. ATLANTIC BLVD. #S513 FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINMAN, SHAWN 1849 CAPESIDE CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, SEAN 10031 NW 27TERRACE MIAMI, FL 33172

000000225907
02/11/05-80057-012 61.25

**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 empowered.

SIGNATURE: Keith R. Delano President **02-09-2005**

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