



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90021 005 ****61.25

DOCUMENT # N97000003718					
1. Entity Name A.L.A.S. ASOCIACION LATINOAMERICANA DE SEGURIDAD, INC.					
Principal Place of Business 4601 NW 93RD DORAL CT MIAMI, FL 33178 US			Mailing Address P.O. BOX 522810 MIAMI, FL 33152		
2. Principal Place of Business 1800 SUNSET HARBOR DR. Suite, Apt. #, etc. APT. 2412		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI BEACH, FLORIDA		City & State		4. FEI Number 65-0772307	
Zip 33193		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRANDO, ANDREA 9881 NW 52ND LANE MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 SUNSET HARBOR DR. APT. 2412 City MIAMI FL Zip Code 33193	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ED NAME FERRANDO, ANDREA STREET ADDRESS 4601 NW 93RD DORAL CT CITY-ST-ZIP MIAMI, FL 33178	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1800 SUNSET HARBOR DR. APT. 2412 STREET ADDRESS MIAMI BEACH, FLORIDA 33193 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FLETCHER, GEORGE STREET ADDRESS 9590 N.W. 40TH ST CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 8460 NW 30th TERRACE STREET ADDRESS DORAL, FL 33122 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCCASKILL, DEAN STREET ADDRESS 1769 N.W. 79TH AVE CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME PEDRO DUARTE STREET ADDRESS 7600 CORPORATE CENTER DRIVE, SUITE 600 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SALMON, MAURICIO STREET ADDRESS 7501 N.W. 36TH ST CITY-ST-ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COHEN, GINA M STREET ADDRESS 21061 SOUTH WESTERN AVE CITY-ST-ZIP TORRANCE, CA 90501	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DE LA VEGA, HUMBERTO STREET ADDRESS ECUADOR 506 COLONIE BELLAWISTA CITY-ST-ZIP NORMANDY, TN 37360	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME CIRCUNVALACION OTE 2018 DESTACADO 3 STREET ADDRESS LEON 37160, MEXICO CITY-ST-ZIP	<input checked="" 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 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:  ANDREA FERRANDO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			July 26, 2004 305 592 1119 <small>Date Daytime Phone #</small>		