

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


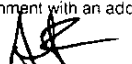
**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90068 032 \*\*\*\*61.25

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01072005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N97000003718</b>					
1. Entity Name A.L.A.S. ASOCIACION LATINOAMERICANA DE SEGURIDAD, INC.					
Principal Place of Business 1800 SUNSET HARBOR DR APT 2412 MIAMI BEACH, FL 33193 US			Mailing Address P.O. BOX 522810 MIAMI, FL 33152		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0772307	
				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			7. Name and Address of New Registered Agent		
FERRANDO, ANDREA 1800 SUNSET HARBOR DR APT 2412 MIAMI, FL 33193			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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. <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 NAME STREET ADDRESS CITY - ST - ZIP	ED FERRANDO, ANDREA 1800 SUNSET HARBOR DR APT 2412 MIAMI BEACH, FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, GEORGE 8460 NW 30TH TERRACE DORAL, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8460 NW 30TH TERRACE DORAL, FL 33122	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUARTE, PEDRO 7600 CORPORATE CENTER DRIVE, STE 600 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA VEGA, HUMJERTO CIRCUNVALACION OTE 201B DESPACPO 3 LEON, MEXICO, TN 37160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DE LA VEGA, HUMBERTO CIRCUNVALACION OTE 201B DESPACHO 3 LEON MEXICO 37160	
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	
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 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JAN 11, 2005 786 493 2988		