


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90356 028 ***150.00

DOCUMENT # P00000022805	
1. Entity Name THOMAS SANON-JULES INVESTIGATIVE AGENCY & PROTECTIVE SERVICES INC.	

Principal Place of Business 407 LINCOLN RD STE 6F MIAMI BEACH, FL 33139	Mailing Address P.O. BOX 2184 MIAMI BEACH, FL 33140
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2. Principal Place of Business <i>407 LINCOLN Rd</i>	3. Mailing Address <i>P.O. Box 2184</i>
Suite, Apt. #, etc. <i>Sie 12 D</i>	Suite, Apt. #, etc. <i>MIAMI BEACH</i>

City & State <i>MIAMI BEACH, FL</i>	City & State <i>MIAMI BEACH</i>
Zip <i>33139</i>	Zip <i>33140</i>
Country	Country

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0988596

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANON-JULES, THOMAS 9620 SW 181 TER MIAMI, FL 33157	
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7. Name and Address of New Registered Agent	
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANON-JULES, THOMAS 9620 SW 181 TER MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *[Signature]* *02/26/06* Date Daytime Phone #