

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91035 047 \*\*\*158.75

**DOCUMENT # P00000024125**

1. Entity Name  
**LAS PALMAS SECURITY INC.**



Principal Place of Business  
**1550 SW 104TH PATH  
103  
MIAMI, FL 33174**

Mailing Address  
**1550 SW 104TH PATH  
103  
MIAMI, FL 33174**

2. Principal Place of Business  
**9625 SW 24 STREET  
Suite, Apt. #, etc.  
C-207**

3. Mailing Address  
**9625 SW 24 STREET  
Suite, Apt. #, etc.  
C-207**



04182004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0989421**

Applied For  
☐ Not Applicable

Zip  
**33165**

Country  
**MIAMI DADE**

Zip  
**33165**

Country  
**MIAMI-DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERA, JAVIER  
1550 SW 104TH PATH 3103  
MIAMI, FL 33174**

Name  
**VERA, JAVIER**

Street Address (P.O. Box Number is Not Acceptable)

**9625 SW 24 STREET # C-207**

City  
**MIAMI**

FL

Zip Code  
**33165**

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

*Javier Vera*

04/20/2004

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
VERA, JAVIER  
1550 SW 104TH PATH #103  
MIAMI, FL 33174** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
VERA, JAVIER  
9625 SW 24 STREET # C-207  
MIAMI, FLORIDA 33165** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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:

*Javier Vera*

04/20/2004 (305) 586-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone