

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90033 004 \*\*\*150.00

**DOCUMENT # P00000029493**

1. Entity Name

**SUPERIOR SECURITY INTERNATIONAL, INC.**



Principal Place of Business

**3600 S. STATE RD. 7  
SUITE 342  
MIRAMAR FL 33023**

Mailing Address

**3600 S. STATE RD. 7  
SUITE 342  
MIRAMAR FL 33023**

34040441



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**3600 S. STATE RD 7**

3. Mailing Address

**3600 S. STATE RD 7**

Suite, Apt. #, etc. **258**

Suite, Apt. #, etc. **258**

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

4. FEI Number

**65-1007526**

Applied For

Not Applicable

Zip

**33023**

Country

**USA**

Zip

**33023**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARSH, DESMOND V  
7900 NW 27TH AVE., #159  
MIAMI FL 33147**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS THOMAS, BARRINGTON A  
CITY-ST-ZIP 2251 NW 48TH TERR., APT. 116, BLDG. 7  
FT. LAUDERDALE FL 33313

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS THOMAS, SHARON M  
CITY-ST-ZIP 2251 NW 48TH TERR., APT. 116, BLDG. 7  
FT. LAUDERDALE FL 33313

TITLE ☐ Delete  
NAME T  
STREET ADDRESS THOMAS, ARLENE M  
CITY-ST-ZIP 2251 NW 48TH TERR., APT. 116, BLDG. 7  
FT. LAUDERDALE FL 33313

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

**BARRINGTON THOMAS**

**2/5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #