

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90013 029 ***150.00

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03042005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1143405** Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name 4/10
Street Address (P.O. Box Number is Not Acceptable)
4/10
City 4/10 FL Zip Code

DOCUMENT # P00000052304

1. Entity Name
J.H.S. SECURITY CORPORATION



Principal Place of Business
13798 NE 11 AVE.
MIAMI, FL 33161

Mailing Address
13798 NE 11 AVE.
MIAMI, FL 33161

2. Principal Place of Business
13798 NE 11 AVE
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami

City & State

Zip
33161

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

FRANTZ, F. JEAN
3830 NW 174 ST.
CAROL CITY, FL 33055

SIGNATURE Frantz F. Jean

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

(NOTE: Registered Agent Fee is required when reinstating)

03-21-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME LUBIN, SAUVEUR JEAN
STREET ADDRESS 420 NORTHWEST 132ND STREET
CITY - ST - ZIP MIAMI, FL 33168

TITLE PCEO ☐ Delete
NAME FRANTZ, F. JEAN REV.
STREET ADDRESS 3830 NW 174 ST.
CITY - ST - ZIP CAROL CITY, FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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NAME
STREET ADDRESS
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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: Frantz F. Jean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-05

Date

Daytime Phone #