

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90002 008 ***150.00

DOCUMENT # P00000075236

1. Entity Name
H.S.I. SECURITY GROUP, INC.



Principal Place of Business
12289 PEMBROKE ROAD
SUITE 183
PEMBROKE PINES, FL 33025

Mailing Address
12289 PEMBROKE ROAD
SUITE 183
PEMBROKE PINES, FL 33025

54070643



07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0860943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARMON, YONETTE
12289 PEMBROKE ROAD
SUITE 183
PEMBROKE PINES, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HARMON, YONETTE
12289 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #