

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000086136

1. Entity Name  
NATIONAL MOUNTED SECURITY CORP.



Principal Place of Business

14540 SW 136TH ST  
SUITE 102  
MIAMI, FL 33186

Mailing Address

14540 SW 136TH ST  
SUITE 102  
MIAMI, FL 33186

FILED

04 JAN 27 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1032232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MENESES, ILEANA  
15451 SW 160 STREET  
MIAMI, FL 33187

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  
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

TITLE VP  
NAME MENESES, NELSON  
STREET ADDRESS 15451 SW 160 STREET  
CITY-ST-ZIP MIAMI, FL 33187

TITLE P  
NAME MENESES, ILEANA  
STREET ADDRESS 15451 SW 160TH ST  
CITY-ST-ZIP MIAMI, FL 33187

TITLE P  
NAME MENESES, ILEANA  
STREET ADDRESS 15451 SW 160TH ST  
CITY-ST-ZIP MIAMI, FL 33187

TITLE P  
NAME MENESES, ILEANA  
STREET ADDRESS 15451 SW 160TH ST  
CITY-ST-ZIP MIAMI, FL 33187

TITLE P  
NAME MENESES, ILEANA  
STREET ADDRESS 15451 SW 160TH ST  
CITY-ST-ZIP MIAMI, FL 33187

TITLE P  
NAME MENESES, ILEANA  
STREET ADDRESS 15451 SW 160TH ST  
CITY-ST-ZIP MIAMI, FL 33187

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/04

Daytime Phone #

600027769406  
01/29/04--01026--015 \*\*150.00

DO NOT WRITE  
IN THIS SPACE