2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001978

1. Entity Name
SOUTH - FLORIDA SECURITY PATROL CORP.

94049480

03192004   No Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
4870 N.W. 4TH STREET MIAMI, FL 33126	4725 SW 2th St, MIAMI Fla 33134

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1067076	Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, ELPIDIO A.
4725 SW 2th St
MIAMI Fla 33134

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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	PD
NAME	CABRERA, ELPIDIO A
STREET ADDRESS	4725 SW 2th St
CITY-ST-ZIP	MIAMI Fla 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ PRESIDENT   3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #