

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000008556

1. Entity Name

PRIMETECH SECURITY SYSTEMS, INC.



**FILED
Feb 23, 2004 8:00 am
Secretary of State**

02-23-2004 90052 043 ***150.00

Principal Place of Business
1680 W 56 ST 319C
323-C
HIALEAH FL 33012

Mailing Address
1680 W 56 ST 319C
HIALEAH FL 33012

2. Principal Place of Business
SAME

3. Mailing Address
8004 NW 154 st

Suite, Apt. #, etc.
323-C

Suite, Apt. #, etc.
279

City & State

SAME

City & State

MIAMI LAKES

Zip

SAME

Zip

33016

Country

MIAMI DADE

6. Name and Address of Current Registered Agent

HERNANDEZ, JORGE
1680 W 56 ST 319C 323-C
HIALEAH FL 33012

4. FEI Number

65-1070428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JORGE		NAME	
STREET ADDRESS	1680 W 56 ST 319C		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEESE, WILLIAM A		NAME	
STREET ADDRESS	11491-C S.W. 109 ROAD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUGAL, BERNARD		NAME	
STREET ADDRESS	9344 S.W. 143 PLACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *Jay Hernandez*

Jorge Hernandez

2/6/04 305-828-7202
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR