

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90036 039 ***158.75

| | | | |
|---|---|--|--|
| DOCUMENT # P01000011979 1. Entity Name AMERICAN PACIFIC SECURITY AND ACADEMY CORP. | | | |
| Principal Place of Business 3600 SOUTH STATE ROAD 7 STE 370 MIRAMAR, FL 33023 | | Mailing Address P O BOX 612352 N. MIAMI, FL 33261 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address 3600 South State Rd. 7 Suite 370 MIRAMAR, FL Zip 33023 City & State Country | |
| 4. FEI Number 65-1081321 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 01292005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent MARGANON, FERNANDO 641 N E 139 ST N. MIAMI, FL 33161 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MARGANON, FERNANDO 641 N E 139 ST NORTH MIAMI, FL 33261 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HERNANDEZ, JANSY 3600 SOUTH STATE ROAD, SUITE 370 MIRAMAR, FL 33023 | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO FELICIANO, NOEL 3600 SOUTH STATE ROAD 7, SUITE 370 MIRAMAR, FL 33023 | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | 1/30/05 305-951-1247 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |