


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90059 015 ***150.00

DOCUMENT # P01000039426			
1. Entity Name ROYAL SECURITY SERVICES INC.			
Principal Place of Business 1666 KENNEDY CAUSEWAY #702 310 NORTH BAY VILLAGE, FL 33141		Mailing Address 1666 KENNEDY CAUSEWAY #702 310 NORTH BAY VILLAGE, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04102005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1097775		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIRKENWALD, RICHARD ESQ. 17101 N.E. 19TH AVENUE SUITE 201 N. MIAMI BEACH, FL 33162		Name <i>David Carballo</i> Street Address (P.O. Box Number is Not Acceptable) <i>1666 KENNEDY CAUSEWAY, STE #310</i> <i>NORTH BAY VILLAGE, FL 33141</i> 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 <i>David Carballo</i> <i>DAVID CARBALLO V.P.</i>		DATE <i>4-10-05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, CARMELO	NAME	
STREET ADDRESS	981 PELICAN BAY DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, DAVID	NAME	
STREET ADDRESS	20615 HIGHLAND LAKES BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, DAVID	NAME	
STREET ADDRESS	20615 HIGHLAND LAKES BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	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: <i>David Carballo</i> <i>DAVID CARBALLO</i>		DATE <i>4-10-05</i> <i>305-867-2522</i>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	