2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070107

1. Entity Name
CSM SECURITY & SERVICES, INC.

Principal Place of Business	Mailing Address
7331 W NORMANDY STREET MIRAMAR, FL 33023	7331 W NORMANDY STREET MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

04082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, LIVINGSTON A
7331 W NORMANDY STREET
MIRAMAR, FL 33023

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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 _Livingstone A. Wright_   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   04/28/05   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WRIGHT, LIVINGSTONE A
STREET ADDRESS	7331 W NORMANDY STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	SINGH, LARRY
STREET ADDRESS	102-05 N W 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33150

U0000036406T
05/06/05-80025-021 150.00

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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: _Livingstone A. Wright_   04/28/05 (954)964-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #