

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90144 036 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P01000099697					
1. Entity Name Streetwise Investigations & Protective Services, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 2640 Hollywood Blvd. Suite, Apt. #, etc. Suite 117 City & State Hollywood, FL Zip 33022-1145		3. Mailing Address P.O. Box 221145 Suite, Apt. #, etc. City & State Hollywood, FL Zip 33022-1145		4. FEI Number 65-1145123	
Country USA		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name Karp, Andrew S.	
				Street Address (P.O. Box Number is Not Acceptable) 13450 S.W. 3rd St.	
				Apt. D-315	
				City Hollywood	
				FL Zip Code 33027	
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Karp, Andrew S. 13450 S.W. 3rd St., Apt. D-315 Hollywood, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Currea, Carolyn 400 N.E. 12th Ave., Apt. 609 Hallandale, FL 33009		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Andrew S. Karp</u>		Andrew S. Karp		4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				954-923-9898	

CR2E034B (12/02)