2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P01000100270 1. Entity Name AMERICA'S LOCKSMITH SOLUTIONS, INC.							04-12-2004 90259 018 ***150.00				
Principal Place of Business 15721 SW 13TH CT MIAMI, FL 33177				Mailing Address 15721 SW 13TH CT MIAMI, FL 33177					11 81 3 24 33 144 6 3	17(0	II ANGELI TERNI
2. Principal Place of Business 3.				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04022004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State			4. FEI Number 65-1148			J	plied For ot Applicable
Zip	Country			Zip Cour		try	5. Certificate of Status Desired				
	6. Name	and Address of Curre	nt Regis	tered Agent		7Name and Address of New Registered Agent					
CIRAL DO CHARLES						Name					
GIRALDO, CHARLES 15721 SW 13TH CT MIAMI, FL 33177						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	e
	named entit tions of regis	y submits this statement tered agent.	for the p	ourpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo			and accept
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title	if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
		FEE IS \$150.00 4 Fee will be \$550	0.00	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees				
լ 10.		OFFICERS AN	D DIREC	CTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1), CHARLES / 13TH CT _ 33177		☐ Delete		i				· Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				,	<u>.</u> .	Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			,			☐ Change	☐ Addition
TITLE NAME 'STREET ADDRESS CITY-ST-ZIP			484, M. L., Lib.,	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition
12. I hereby of indicated of the cor	certify that th l on this repo rporation or the	e information supplied w rt or supplemental repor ne receiver or trustee en achment with an address	ith this fi	iling does not qualify for and accurate and that d to execute this report to the rike earn owered	r the exe ny signa as requi	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)(i) same legal effect 7, Florida Statutes	Florida Statutes. I as if made under of and that my name	further cer eath; that I a appears i	tify that the in am an officer n Block 10 or	or director Block 11 if

SIGNATURE ...