

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90477 011 \*\*\*158.75

<b>DOCUMENT # P01000104128</b> 1. Entity Name <b>SECURITY INTERNATIONAL GROUP, INC.</b>					
Principal Place of Business <b>91 WEST 21ST STREET HIALEAH, FL 33010</b>				Mailing Address <b>91 WEST 21ST STREET HIALEAH, FL 33010</b>	
2. Principal Place of Business <b>15401 NW 33 Place</b>		3. Mailing Address <b>15401 NW 33 Place</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">44045177</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>05062004</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>	
Suite, Apt. #, etc. <b>UNIT # B.</b>		Suite, Apt. #, etc. <b>UNIT B.</b>			
City & State <b>Opalocka</b>		City & State <b>Opalocka</b>			
Zip <b>33054</b>	Country <b>Dade</b>	Zip <b>33054</b>	Country <b>Dade</b>		
4. FEI Number <b>65-1147702</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD INESTROZA, MARIO D 91 WEST 21ST STREET HIALEAH, FL 33010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MARIO D. INESTROZA 15401 NW 33 place Unit B. Opalocka FL 33054</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTR INESTROZA, ROSA E 91 W 21ST STREET HIALEAH, FL 33010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTR ROSA E. INESTROZA 15401 NW 33place Unit B. Opalocka FL 33054</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 a trustee empowered.					
SIGNATURE: <u>Rosa E. Inestroza CFO</u> <span style="float: right;">Date: <u>05/04/04</u></span>					