


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90002 016 ***150.00

DOCUMENT # P01000106256 1. Entity Name FORTRESS PROTECTIVE SERVICES, INC.			
Principal Place of Business 10100 W SAMPLE ROAD #319 CORAL SPRINGS, FL 33065		Mailing Address 10100 W SAMPLE ROAD #325 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 3000 N. University DR		3. Mailing Address P.O. Box 771210	
Suite, Apt. #, etc. E		Suite, Apt. #, etc. 	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS FL	
Zip 33065		Zip 33065	
Country 		Country USA	
4. FEI Number 65-1156140		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, DAVID S 3000 NORTH UNIVERSITY DRIVE SUITE E CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u><i>Leonard Leffler</i></u> DATE: <u>6/8/05</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 PS	NAME LEFFLER, JOEL	<input type="checkbox"/> Delete	
STREET ADDRESS 10100 W SAMPLE ROAD #325	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP CORAL SPRINGS, FL 33065	3000 N UNIVERSITY DR CORAL SPRINGS, FL 33065		
TITLE VT	NAME LEFFLER, LEONARD	<input type="checkbox"/> Delete	
STREET ADDRESS 10100 W SAMPLE RD #325	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP CORAL SPRINGS, FL 33065	3000 N UNIVERSITY DR E CORAL SPRINGS, FL 33065		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Leonard Leffler</i></u>		Date: <u>6/8/05</u> Daytime Phone #: <u>954-757-3589</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

ATTACHMENT

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

40088880

06/11/05

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Fortress Protective Services, Inc.
Doc # P01000106256

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Fortress Protective Services, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to an incorrect address.

While in our office, we checked the status of the corporation and determined they had not filed. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Fortress Protective Services, Inc. based on not having received his 2005 Uniform business report due to the incorrect address and the failure to receive the reinstatement notification.

The client is aware of the filing deadline for future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez