


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 030 \*\*\*550.00

<b>DOCUMENT # P02000008419</b>	
1. Entity Name <b>PRIMARY DETECTION SERVICES, INC.</b>	

Principal Place of Business <b>1730 S. FEDERAL HIGHWAY SUITE 111 HOLLYWOOD, FL 33024</b>	Mailing Address <b>6480 SHERMAN ST. HOLLYWOOD, FL 33024</b>
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2. Principal Place of Business <b>4650 SW 51 STREET</b>	3. Mailing Address <b>6480 SHERMAN STREET</b>
Suite, Apt. #, etc. <b>717</b>	Suite, Apt. #, etc.

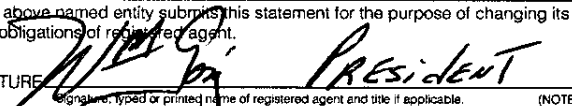
City & State <b>DAVIE, FLA. 33314</b>	City & State <b>HOLLYWOOD, FLA.</b>
Zip <b>33314</b>	Country <b>USA</b>
Zip <b>33024</b>	Country



08252004 Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0380629</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>GOMEZ, WILLIAM 1730 S. FEDERAL HIGHWAY SUITE 111 DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

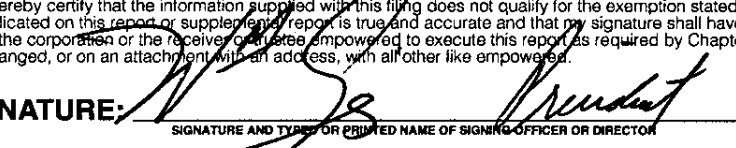
SIGNATURE  **PRESIDENT** DATE **8-24-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GOMEZ, WILLIAM 6480 SHERMAN STREET HOLLYWOOD, FL 33024</b>	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
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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 have been 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:  **PRESIDENT** DATE **8-24-04** Daytime Phone # **954-347-2091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR