

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000012384	
1. Entity Name SOUTHERN PROTECTIVE SERVICES, INC.	

Principal Place of Business 13800 SW 8 STREET 346 MIAMI, FL 33184	Mailing Address 13800 SW 8 STREET 346 MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3596410	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MICHELENA, BEATRIZ M 6302 S.W. 149 PLACE MIAMI, FL 33193	DO NOT WRITE IN THIS SPACE
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. <i>Beatriz Michelena</i> SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	U000000081923 03/08/04-000000-010 150.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELENA, MIGUEL 6302 S.W. 149 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHELENA, BEATRIZ 6302 S.W. 149 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHELENA, BEATRIZ 6302 S.W. 149 PLACE MIAMI, FL 33193
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IN THIS SPACE

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: <i>Miguel Michelena</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # 305-385-7877