## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000015755

8101 SW 62 CT.

MIAMI, FL 33143

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

		AND SECURITY CAMERA, INC.		Secretary of State			
Current Pr	incipal Place	e of Business:	New Princ	New Principal Place of Business:			
6073 NW 1 MIAMI, FL	67TH STREE 33015	T, SUITE C-5					
Current Ma	ailing Addre	ss:	New Maili	New Mailing Address:			
6073 NW 1 MIAMI, FL	67TH STREE 33015	T, SUITE C-5					
FEI Number:	55-0824324	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (	)	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1290 WES' SUITE 300	ORMATION S TON ROAD RDALE, FL	SERVICES, INC. 33326 US	2500 WES SUITE 404	LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD SUITE 404 WESTON, FL 33331 US			
The above in the State		submits this statement for the pu	rpose of changing i	ts registered o	office or registered agent, or b	ooth,	
SIGNATUR	RE:			04/30/2004			
	Electro	nic Signature of Registered Ager	nt		Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MOSS, DAVID	) Delete TH STREET, SUITE C-5 015	Title: Name: Address: City-St-Zip:	( )	) Change()Addition		
Title: Name: Address: City-St-Zip:	ST ( MOSS, SYLVIA 6073 NW 167 MIAMI, FL 330	ST. C-5	Title: Name: Address: City-St-Zip:	( )	) Change()Addition		
Title: Name:	V ( WAYNE, BRIA	) Delete N D	Title: Name:	VP (X WAYNE, BRIAN	) Change ()Addition N D		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

8101 SW 62 CT.

MIAMI, FL 33143

SIGNATURE: DAVID M MOSS PRES 04/30/2004