## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016524						FILE	U	.0	
1. Entity Name U.S. AMERICAN EAGLE PROTECTIVE SERVICE INC.					0'	FILE 5 JAN -5 SECRETARS TALLAHASS	PH 12:	TE.	
Principal Plac	e of Búsiness	Mailing Address			v	CEF 1815	E FLOS	SIDH	
5941 W. 20TH LANE 5941 W. 20TH LANE				,		SECHAHASSI	[[,		
HIALEAH, FL 33016 HIALEAH, FL 33016						ALLIN			
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	lace of Business							بر الالالا	
\(\begin{align*} \begin{align*} \beg			19 st #336		***************************************				7
	#, etc.	336			01042005	Chg-P	CR2E034	4 (10/03)	1
City & Stat	e	City & State			4. FEI Numbe		·····		plied For
Hrale Zip	<del></del>	FLORI SA  Zip Country		75-3052440				Not Applicable	
3301	Country	Zip 33012	Country (	J S	5. Certificate	of Status Desired		<b>8.75</b> Add se Requires	
	6. Name and Address of Current R	egistered Agent	]		7. Name and	Address of New Re	egistered Aç	jent	
CAMEJO.	IOEL D		Na	ame Jo	RGE L.	SUAREZ	<u> </u>		
5941 W. 2		St	Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH, FL 33016				7935 W 30ct #106					
								T	
			Ci	" Hialo	eah		FL	Zip Cod	5018
8. The above	named entity submits this statement for tions of registered agent	the purpose of changing its re	gistered of	fice or register	ed agent, or bot	h, in the State of Flo	rida. I am fa	miliar with,	and accept
uie obligai	ions of registered agency						14/05	-	
SIGNATURE.	Signature, typhed or printed name of registered agent as	od tide ( applicable. (NOTE: R	legationed Ager	ni signature required	when reinstation)	· · · · · · · · · · · · · · · · · · ·	DATE		
	<del>/                                    </del>	1			1			· · · · ·	<del></del>
	É NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	G. Election Campaign     Trust Fund Contribution			.00 May Be ed to Fees				
10.	OFFICERS AND D		11.	1.00		CHANGES TO OFFI			<del> </del>
TITLE NAME	PD CAMEJO, JOEL PABLO	DZ Delete	TITLE NAME	60		SE LA TO		☐ Change	Addition
STREET ADORESS	5941 W. 20TH LANE		STREET ADO	DRESS 79	35 w 30	ot #104	1		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-Z			PL 33019	8		
TITLE		☐ Delete	TITLE	Vρ				Change	Addition
NAME STREET ADDRESS			NAME Street add	DRESS 3.04	75 W 1	SUAREZ	106		
CITY-ST-ZIP			CITY-ST-Z		steah,	FL 33			
TITLE		☐ Delete	TITLE	TRE	asure			Change	Addition
NAME			NAME	JO	EL PABL	O CAMEJ	ğ		
STREET ADDRESS CITY-ST-ZIP			STREET ADI			60 ct # 10	<i>,</i>		
TITLE		□ Delete	TITLE		RETARY			☐ Change	Addition
NAME		— de marie	NAME	YAI	eletys 1	Roque	'		
STREET ADDRESS CITY-ST-ZIP			STREET ADI	DRESS   "79.	35 m 30	101 # 104	1		
TITLE		Ti Potata	TITLE	<u>"   W.10</u>	•	FL 330		T Channa	Addition
NAME		☐ Delete	NAME		<u>,,40</u>	00446 0501016-	757	∏ Change □:⊿1	CT MODITION
STREET ADDRESS			STREET ADD		01/13/	0501016-	-004	*150.	90
CITY-ST-ZIP		<b>—</b>	CITY-ST-Z	P		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE Name					Change	☐ Addition
STREET ADDRESS			STREET ADD	DRESS					
CITY-ST-ZIP			CITY-ST-Z	IP					
12. I hereby indicated of the co-	certify that the information supplied with I on this report or supplemental report is rporation or the receiver of trustee empo , or on an attachment with an address w	this filing does not qualify for th true and accurate and that my wered to execute this report as ign all other like empowered.	ne exemption signature s required b	on stated in Se shall have the by Chapter 607	ection 119.07(3)(i same legal effec 7, Florida Statute	), Florida Statutes. It as if made under o s; and that my name	further certificath; that I and eappears in	y that the in an officer Block 10 or	nformation or director Block 11 if
		V							
SIGNAT	URE: SIGNATURE MEDITYPED ON DI	ENTED NAME OF SIGNING OFFICER OR	DIRECTOR		······································	1 - 4 - 0 Date		time Phone #	
		The state of the s				LOUID			