


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016524		
1. Entity Name U.S. AMERICAN EAGLE PROTECTIVE SERVICE INC.		

FILED
05 JAN -5 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




01042005 Chg-P CR2E034 (10/03)

Principal Place of Business 5941 W. 20TH LANE HIALEAH, FL 33016	Mailing Address 5941 W. 20TH LANE HIALEAH, FL 33016
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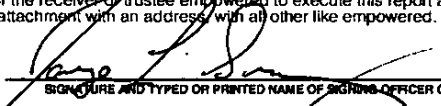
2. Principal Place of Business 1800 W 49 ST #336 Suite, Apt. #, etc. 336	3. Mailing Address 1800 W 49 ST #336 Suite, Apt. #, etc. 336
City & State Hialeah	City & State FLORIDA
Zip 33012	Country US

6. Name and Address of Current Registered Agent CAMEJO, JOEL P 5941 W. 20TH LANE HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name JORGE L. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 7935 W 30 CT #106 City Hialeah	
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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 	DATE 1/4/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMEJO, JOEL PABLO 5941 W. 20TH LANE HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDOR DE LA TORRE 7935 W 30 CT #104 Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORGE L. SUAREZ 7935 W 30 CT #106 Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOEL PABLO CAMEJO 7935 W 30 CT #105 Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY YARIETYS ROQUE 7935 W 30 CT #104 Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400044675734 01/13/05--01016--004 **150.00 <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

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: 	1-4-05 Date Daytime Phone #