2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017412

1. Entity Name
NELSY'S SECURITY SERVICE, INC.

Principal Place of Business	Mailing Address
5755 WEST FLAGLER STREET SUITE 211 MIAMI, FL 33134	5755 WEST FLAGLER STREET SUITE 211 MIAMI, FL 33134

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0717109
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, NOELIO
5193 NW 2ND TERRACE
MIAMI, FL 33126

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000137040
04/29/04-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEON, NOELIO
STREET ADDRESS	5193 N.W. 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VTD
NAME	LEON, NELSON
STREET ADDRESS	5193 N.W. 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VSD
NAME	ALVAREZ, NELSY
STREET ADDRESS	5193 N.W. 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Noelio Leon President 04/15/2004 (305)442-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #