## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000036512

FILED Mar 22, 2005 Secretary of State

Entity Name: DECEPTION CHECK POLYGRAPH AND INVESTIGATIVE SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 133247 5520 NW 72ND AVENUE HIALEAH, FL 330133247 MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

P.O. BOX 133247 P.O. BOX 94-1436 HIALEAH, FL 330133247 P.O. BOX 94-1436 MIAMI, FL 33194 US

FEI Number: 01-0680409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDREU, NELSON SR. 5520 NW 72ND AVENUE MIAMI, FL 33166 US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ANDREU, NELSON SR.
 Name:
 ANDREU, NELSON SR.

 Address:
 PO BOX 133247
 Address:
 P.O. BOX 94-1436

PO BOX 133247 Address: P.O. BOX 94-1436
HIALEAH, FL 330133247 City-St-Zip: MIAMI, FL 33194

Title: S () Delete Title: S (X) Change () Addition Name: ANDREU, KRISTINA Name: ANDREU, KRISTINA

 Name:
 ANDREU, KRISTINA
 Name:
 ANDREU, KRISTINA

 Address:
 PO BOX 133247
 Address:
 P.O. BOX 94-1436

 City-St-Zip:
 HIALEAH, FL 330133247
 City-St-Zip:
 MIAMI, FL 33194

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.

SIGNATURE: NELSON ANDREU PRES 03/22/2005