07/19/2004 22:10 9544240494 SANTINI AND CC

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90011 044 ***550.00

DOCUMENT # P02000069806

1. Entity Name
MASTER SECURITY SERVICES CORPORATION

Principal Place of Business	Mailing Address
18910 SW 32 CT MIRAMAR, FL 33029	18910 SW 32 CT MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE

07202004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2047664

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, DAVID H
13320 S.W. 128TH STREET
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D President
NAME	SANTINI, PERRY
STREET ADDRESS	13320 S.W. 128TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	Santini, Karen, VICE President
STREET ADDRESS	13320 SW 128 St.
CITY-ST-ZIP	Miami, FL 33186
TITLE	Secretary
NAME	Nicole Mitchell
STREET ADDRESS	13320 SW 128St
CITY-ST-ZIP	Miami, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #