

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082548

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: FORENSIC EXPERT SERVICES, INC.

**Current Principal Place of Business:**

7430 SW 88TH PLACE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7430 SW 88TH PLACE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 16-1619521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGUIRE, DENNIS  
7430 SW 88TH PLACE  
MIAMI, FL 33173 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MCGUIRE, DENNIS  
Address: 7430 SW 88TH PLACE  
City-St-Zip: MIAMI, FL 33173

Title: V ( ) Delete  
Name: PADRON, GLORIA E  
Address: 7430 SW 88TH PLACE  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENNIS L. MCGUIRE

PRES

03/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date