


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000104964 1. Entity Name LEGAL SECURITY SERVICES, INC.	
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Principal Place of Business 21500 S.W. 97 PLACE MIAMI, FL 33189	Mailing Address 21500 S.W. 97 PLACE MIAMI, FL 33189
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DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0428243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, KIM A
21500 S.W. 97 PLACE
MIAMI, FL 33189

**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 Kim A. Rivera DATE 2/18/05

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, KIM A 21500 S.W. 97 PLACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, EDGAR 21500 S.W. 97 PLACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/07/05-80021-013 150.00

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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: Kim Rivera Pres. DATE 2/18/05 DAYTIME PHONE # 305-232-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR