


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000116012	
1. Entity Name E.M.J. PATROL & INVESTIGATIONS, INC.	
	
Principal Place of Business 2100 HALLANDALE BEACH BLVD STE 101 HALLANDALE BEACH, FL 33009	Mailing Address 2100 HALLANDALE BEACH BLVD STE 101 HALLANDALE BEACH, FL 33009



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 14-1853313	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 GARCIA, MARLENE E 2030 S. OCEAN DRIVE APT 607 HALLANDALE, FL 33013	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

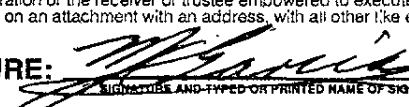
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, MARLENE E 2030 S. OCEAN DR. APT 607 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUGONES, JOSEPH A 2030 S. OCEAN DRIVE, APT 607 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUGONES, JAMES A 2030 S. OCEAN DRIVE, APT 607 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

02/15/05-80003-018 150.00

**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)(c), 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:  2/8/05 954-455-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #