

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90052 047 ***150.00

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		
2. Principal Place of Business 900 W. 49 St. Suite, Apt. #, etc. 554		3. Mailing Address P.O. Box 426 Suite, Apt. #, etc.			
City & State Hialeah, FL. Zip 33012		City & State Hallandale, FL. Zip 33008		4. FEI Number 14-1853313	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, MARLENE E 2030 S. OCEAN DRIVE APT 607 HALLANDALE, FL 33013			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4901 VAN BUREN ST. City Hollywood FL Zip Code 33021		
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 <u><i>Marlene Garcia</i></u> MARLENE GARCIA 1/13/06 <small>(NOTE: Registered Agent signature required when re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, MARLENE E 2030 S. OCEAN DR. APT 607 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 VAN BUREN ST. Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUGONES, JOSEPH A 2030 S. OCEAN DRIVE, APT 607 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 VAN BUREN ST. Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUGONES, JAMES A 2030 S. OCEAN DRIVE, APT 607 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 VAN BUREN ST. Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Marlene Garcia</i></u> MARLENE GARCIA 1/13/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

305-821-2289