

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000131443	
1. Entity Name CONGRESSIONAL INTELLIGENCE PROTECTIVE SERVICES INC.	

Principal Place of Business 1350 NE 125 ST. SUITE 201 NORTH MIAMI, FL 33161	Mailing Address 1350 NE 125 ST. SUITE 201 NORTH MIAMI, FL 33161
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02202006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0496101	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, ELIER 1350 NE 125 ST. SUITE 201A NORTH MIAMI, FL 33161
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ELIER 1350 NE 125 ST. SUITE 201 A NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LENCHNER, MURRAY 1350 NE 125 ST. SUITE 201 NORTH MIAMI, FL 33161
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03/20/06-80037-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Murray Lenchner **MURRAY LENCHNER** **3-6-06** **3058951503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #