

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90030 041 \*\*\*150.00

**DOCUMENT # P03000002557**

1. Entity Name  
**FLORIDA CRIME CONTROL, CORPORATION**



Principal Place of Business

**12843 SW 62 LN  
MIAMI, FL 33183**

Mailing Address

**12843 SW 62 LN  
MIAMI, FL 33183**

**50017660**

2. Principal Place of Business

**8171 SW 162 CT**

3. Mailing Address

**8171 SW 162 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005

Chg-P

CR2E034 (10/03)

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**33-1043593**

Applied For

Not Applicable

Zip

**33193**

Country

**USA**

Zip

**33193**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, IGNACIO  
12843 SW 62 LN  
MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name  
**FERNANDEZ, IGNACIO**

Street Address (P.O. Box Number is Not Acceptable)

**8171 SW 162 CT**

City  
**MIAMI**

FL

Zip Code

**33193**

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, 2005 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

**P FERNANDEZ, IGNACIO  
12843 SW 62 LN  
MIAMI, FL 33183**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P FERNANDEZ, IGNACIO  
8171 SW 162 CT, MIAMI, FL 33193**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/05**

Date

**786-286-5733**

Daytime Phone #