


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90015 042 ***150.00

DOCUMENT # P03000005829 1. Entity Name LIONHEART SECURITY INC.					
Principal Place of Business 11870 SW 3 STREET MIAMI, FL 33184			Mailing Address 11870 SW 3 STREET MIAMI, FL 33184		
2. Principal Place of Business 13214 NW 8th St. Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 940535 Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33182		Country USA		4. FEI Number 75-3095683	
33182		33182		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATIERRA, LEONARDO 11870 SW 3 STREET MIAMI, FL 33184				7. Name and Address of New Registered Agent Name Leonardo Salvatierra Street Address (P.O. Box Number is Not Acceptable) 13214 NW 8th St. City Miami FL Zip Code 33182	
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>Leonardo Salvatierra</i></u> DATE: <u>4/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME SALVATIERRA, LEONARDO STREET ADDRESS 11870 SW 3 STREET CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete		TITLE P NAME Leonardo Salvatierra STREET ADDRESS 13214 NW 8th St. CITY-ST-ZIP MIAMI, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME TELLEZ, MARISA R STREET ADDRESS 11870 SW 3 STREET CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete		TITLE V NAME Marisa R Tellez STREET ADDRESS 13214 NW 8th St. CITY-ST-ZIP MIAMI, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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		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		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 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: <u><i>Leonardo Salvatierra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/6/04</u> Daytime Phone #: <u>305-487-3300</u>		