

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90259 017 \*\*\*158.75

**DOCUMENT # P03000012765**

1. Entity Name  
**SPECIAL SECURITY SERVICES, INC.**



Principal Place of Business  
**4000 HOLLYWOOD BLVD., STE. 735  
SOUTH TOWER  
HOLLYWOOD, FL 33021-6755**

Mailing Address  
**4000 HOLLYWOOD BLVD., STE. 735  
SOUTH TOWER  
HOLLYWOOD, FL 33021-6755**

11040004



03232004 Chg-P CR2E034 (10/03)

4. FEI Number  
**54-2097057**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GABLE, MICHAEL P  
4000 HOLLYWOOD BLVD., STE. 735  
SOUTH TOWER  
HOLLYWOOD, FL 33021-6755**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PTD** ☐ Delete  
NAME **AHRLE, ANDRE**  
STREET ADDRESS **4000 HOLLYWOOD BLVD., STE. 735**  
CITY - ST - ZIP **HOLLYWOOD, FL 330216755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VSD** ☐ Delete  
NAME **KANN, THOMAS M**  
STREET ADDRESS **5700 COLLINS AVE., STE. 8H**  
CITY - ST - ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-10-2004** (305) 868-0123  
Date Daytime Phone #