

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027624

FILED
Apr 30, 2004
Secretary of State

Entity Name: UNITED PROTECTION SECURITY AGENCY, INC.

Current Principal Place of Business:

4141 N. MIAMI AVE.
STE 100
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

4141 N. MIAMI AVE.
STE 100
MIAMI, FL 33127

New Mailing Address:

FEI Number: 02-0679614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONORE, JAMES
430 NE 164 STREET
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HONORE, JAMES
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

Title: VS () Delete
Name: DELPHONSE, DIEUDONNE
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: JEAN, WILBER
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: BERNARD, DIUDONNE
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: MILORD, SMITH
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: DANIEL, DANUS
Address: 4141 N. MIAMI AVE. #100
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRNISE CLEOPHAT

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date

WISLER SAINTELIEN DIRECTOR
4141 N MIAMI AVE SUITE 100
MIAMI, FL 33127