


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2004 90054 026 ***150.00

DOCUMENT # P03000047035	
1. Entity Name NOVA INDUSTRIAL SECURITY, INC.	

Principal Place of Business 820 NW 39TH STREET OAKLAND PARK, FL 33309	Mailing Address 820 NW 39TH STREET OAKLAND PARK, FL 33309
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2. Principal Place of Business 1043 N. State Rd 7 Suite, Apt. #, etc.	3. Mailing Address 1043 N State Rd 7 Suite, Apt. #, etc.
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City & State MARGATE	City & State MARGATE
Zip 33063	Country USA
Zip 33063	Country USA

00400170



02042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent STROIA, MARIN 820 NW 39TH STREET OAKLAND PARK, FL 33309	7. Name and Address of New Registered Agent Name: MARIN STROIA Street Address (P.O. Box Number is Not Acceptable): 1043 N. State Rd 7 City: MARGATE, FL Zip Code: 33063
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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: *Marin Stroia* DATE: April 7, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROIA, MARIN 820 NW 39TH STREET OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROIA, MARIN 1043 N. State Rd 7 MARGATE, FL 33063 <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	D MIRALVA STROIA 1043 N. State Rd 7 MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" 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
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: *Marin Stroia* DATE: April 7, 2004 DAYTIME PHONE #: 954-630-3206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

August 31, 2004

66433176

Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Document # P03000047035
NOVA INDUSTRIAL SECURITY, INC.

Dear Sir or Madam;

I am enclosing a copy of the amended 2004 for profit corporation annual report that includes the FEI # 65-1073226 in Block 4 of the report and a copy of our check showing prompt payment of the filing fee.

We never received your April 13th, 2004 letter requesting this information and thereby are respectively requesting that you waive the \$400.00 penalty fee in regards to this matter.

Your help in this matter is appreciated. I can be reached at (954) 476-7030.

Sincerely,

S. Green

1860 N. Pine Island Road - Suite 118
Plantation, Florida 33322

Attachment
#P03000047035

66433176

DELUXE RFB

3752

BARRISTER TITLE SERVICES, INC.
OPERATING ACCOUNT
PH. 954-476-7030
1860 NORTH PINE ISLAND ROAD, STE. 118
PLANTATION, FL 33322

DATE 4/7/04

PAY TO THE ORDER OF FL Dept. of State \$ 150.00

One hundred fifty 1/10

Regent Bank
Davie, Florida 33324

FOR Nora Rodriguez Sandoz Ande Collette

DOLLARS ☒ NO OTHER CHECKS

68-1241 1
670