

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000049327

1. Entity Name
GLOBAL SECURITY USA CORP.



FILED

04 SEP -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1007 SE 2ND COURT # 3
FT LAUDERDALE, FL 33301

Mailing Address
1007 SE 2ND COURT # 3
FT LAUDERDALE, FL 33301

2. Principal Place of Business
6849 TOWN HARBOR BLVD

3. Mailing Address
6849 TOWN HARBOR BLVD

Suite, Apt. #, etc.
1523

Suite, Apt. #, etc.
1523



04152004 Chg-P CR2E034 (10/03)

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33433

Country
USA

Zip
33433

Country
USA

4. FEI Number
81-0612514

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CARPINTERO, CARLOS
1007 SE 2ND COURT # 3
FT LAUDERDALE, FL 33301
6849 TOWN HARBOR BLVD
Boca Raton FL 33433

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	D CAPINTERO, CARLOS 1007 SE 2ND COURT # 3 FT LAUDERDALE, FL 33301 <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	D CAPINTERO, EDUARDO 213 GLENNGARY DRIVE #311 BLOOMINGDALE, IL 60108 <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	D NOGUERA, ALDENAR 213 GLENNGARY DRIVE #311 BLOOMINGDALE, IL 60108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/30/04*

Daytime Phone # *813-473-3975*