


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90058 011 \*\*\*158.75

<b>DOCUMENT # P03000049506</b> 1. Entity Name <b>TWENTY FOUR/SEVEN SECURITY, INC.</b>					
Principal Place of Business <b>7880 NW 170 TERRACE HIALEAH FL 33015</b>			Mailing Address <b>7880 NW 170 TERRACE HIALEAH FL 33015</b>		
2. Principal Place of Business <b>7880 NW 170 Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>7880 NW 170 Terr</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1185376</b>	
Zip <b>33015</b>		Zip <b>33015</b>		Country <b>USA</b>	
Country <b>US</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAENZ, SANDRA 7880 NW 170 TERRACE HIALEAH FL 33015</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <b>SAENZ SANDRA</b> <input type="checkbox"/> Delete NAME <b>7880 NW 170 Terr</b> STREET ADDRESS <b>MIAMI FL 33015</b> CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>S</b> <b>SAENZ SANDRA</b> <input type="checkbox"/> Delete NAME <b>7880 NW 170 Terr</b> STREET ADDRESS <b>MIAMI FL 33015</b> CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <b>SANDRA SAENZ</b> <i>[Signature]</i> <b>4/16/04</b> <b>786-4121583</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					