

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90276 038 ***150.00

DOCUMENT # P030000499T8 1. Entity Name EAGLE SECURITY AGENCY, INC.					
Principal Place of Business 1800 SW 27 AVE STE 206 MIAMI, FL 33145			Mailing Address 1800 SW 27 AVE STE 206 MIAMI, FL 33145		
2. Principal Place of Business <i>1800 SW 27 Ave #206</i>		3. Mailing Address <i>206</i>			
Suite, Apt. #, etc. <i>206</i>		Suite, Apt. #, etc. 			
City & State <i>Miami</i>		City & State 			
Zip <i>33145</i>		Country <i>Miami Dade</i>		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent FERNANDEZ, ROSA M 1800 SW 27 AVE STE 206 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name 	
Street Address (P.O. Box Number is Not Acceptable) 				Street Address (P.O. Box Number is Not Acceptable) 	
City 				City 	
State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FERNANDEZ, ROSA M 1800 SW 27 AVE STE 206 MIAMI, FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.D. Lucio F Perez 10321 SW 50 Terr Miami FL 33165		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer. Sandra Fernandez 10321 SW 50 Terr Miami FL 33165		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: 			2-26-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		