


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90560 001 ***150.00
05-17-2004 90560 002 *****8.75

DOCUMENT # P03000062909	
1. Entity Name SECURITY MANAGEMENT CENTRAL INC.	

Principal Place of Business 1717 N BAYSHORE DR PH C-35 MIAMI, FL 33132	Mailing Address 1717 N BAYSHORE DR PH C-35 MIAMI, FL 33132
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66422509



2. Principal Place of Business 9 Royal Palm Way Suite, Apt. #, etc. 606 City & State Boca Raton Zip 33432	3. Mailing Address 9 Royal Palm Way Suite, Apt. #, etc. 606 City & State Boca Raton Zip 33432
Country USA	Country USA

05082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0064115	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAGE, ELIZABETH 1717 N BAYSHORE DR PH C-35 MIAMI, FL 33132	
7. Name and Address of New Registered Agent Name Elizabeth Page Street Address (P.O. Box Number is Not Acceptable) 9 Royal Palm Way 606 City Boca Raton FL Zip Code 33432	

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, ELIZABETH 1717 N BAYSHORE DR PH C-35 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Page 9 Royal Palm Way 606 Boca Raton FL 33432 <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	<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 _____ Daytime Phone # _____