
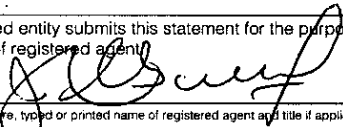



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90160 011 ***150.00

DOCUMENT # P03000069392 1. Entity Name OS PROTECTIVE SERVICES, CORP.																			
Principal Place of Business C/O JUAN ALBERTO TORRES 40 N.E. 1ST AVENUE, SUITE 401 MIAMI, FL 33132		Mailing Address C/O JUAN ALBERTO TORRES 40 N.E. 1ST AVENUE, SUITE 401 MIAMI, FL 33132																	
2. Principal Place of Business 40 NE 1st AVENUE Suite, Apt. #, etc. 601		3. Mailing Address 40 NE 1st AVENUE Suite, Apt. #, etc. 601																	
City & State MIAMI FL		City & State MIAMI FL																	
Zip 33132 Country		Zip 33132 Country																	
4. FEI Number 41-2100365		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent TORRES, JUAN A 40 N.E. 1ST AVENUE, SUITE 401 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name JUAN A. TORRES Street Address (P.O. Box Number is Not Acceptable) 40 NE 1st AVENUE, STE 601 City MIAMI FL Zip Code 33132																	
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  DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
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																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVSD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TORRES, JUAN A.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1620 SW 71 COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 331551674</td> </tr> </table>		TITLE	PVSD <input type="checkbox"/> Delete	NAME	TORRES, JUAN A.	STREET ADDRESS	1620 SW 71 COURT	CITY-ST-ZIP	MIAMI, FL 331551674	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: X.  JUAN A. TORRES 4/28/04 305-409-8727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																			