2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Principal Place of Business 18565 SW 104 AVE 18565 SW 104 AVE 1866 SW 104 AV	DOCUMENT # P03000091975 1. Entity Name A A SECURITY GROUP U.S.A. & VENEZUELA, INC.						05-02-2005 9	90443 010 ***1.	58.75
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Signal Address of Name and Address of Name Registered Agent OJEDA.THOMPSON, LUCIA 12100 SW 182 TERR MIAMI, FL 33177 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 farmillar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P HAKIN, GABRIEL 1855 SW 104 AVE STIECT MORESS OTY-51-2P MAMI, FL 33157 TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P MAMI, FL 33157 TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P MAMI, FL 33157 TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P OTY-51-2P TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P TITLE OTY-51-2P TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORESS OTY-51-2P TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORES OTY-51-2P TITLE OR OLEDA-THOMPSON, LUCIA STIECT MORES OTY-51-2P TITLE OR OLEDA-THOMPSON					4 FFI Number	- -271714	· 7 🗆	Not Applicable	
OJEDA.THOMPSON, LUCIA 12:100 SW 182 TERR. MIAMI, FL 33177 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbol Flee Symbol Flee Symbol Sym	Zip			Count	ry			Fee Requi	dditional red
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After May 1, 2005 Fee will be \$550.00 After May 1, 2005				}		ess (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Notes or printed registered agent and their Applicable. (NOTE Registered Agent signature required when rejistating) PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OLEDA-THOMPSON, LUCIA 18265 SW 104 AVE MIAMI, FL 33157 TILE MIAMI, FL 33157 TIL	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			}				· · ·	
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CITY-ST-ZIP CITY-ST-ZIP 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND OLEDA-THOMPSON, LUCIA 18265 SW 104 AVE MIAMI, FL 33157 D HAKIM, GABRIEL 18565 SW 104 AVE	Trust Fund Coni Directors Delete Delete Delete	TITLE NAME STREE CITY-	Add TI ADDRESS ST-ZIP TI ADDRESS ST-ZIP	led to Fees	CHANGES TO OFFI	Change	Addition Addition Addition Addition

2. 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.

1/1/20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05 305238034f Date Dayline Phone #