



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90214 033 \*\*\*158.75

<b>DOCUMENT # P03000095772</b> 1. Entity Name <b>A A SECURITY INVESTIGATIONS GROUP IV, INC.</b>					
Principal Place of Business <b>18565 SW 104 AVE MIAMI, FL 33157</b>				Mailing Address <b>18565 SW 104 AVE MIAMI, FL 33157</b>	
2. Principal Place of Business <b>18565 SW 104 AVE</b>		3. Mailing Address <b>18565 SW 104 AVE</b>		<div style="font-size: 1.2em; font-weight: bold;">44044368</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004    Chg-P    CR2E034 (10/03)	
City & State <b>Miami, Fla.</b>		City & State <b>Miami, Fla.</b>		4. FEI Number <b>32-0108249</b>	
Zip <b>33157</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>OJEDA-THOMPSON, LUCIA 12100 SW 182 TERR MIAMI, FL 33177</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 <u><i>Lucia Thompson</i></u> DATE <u>4-26-04</u> <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 After May 1, 2004 Fee will be \$550.00</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>P</b> <input type="checkbox"/> Delete <b>OJEDA-THOMPSON, LUCIA</b> STREET ADDRESS <b>18565 SW 104 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>FOJO, GONZALO</b> STREET ADDRESS <b>18565 SW 104 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>NUNEZ, DANILO</b> STREET ADDRESS <b>18565 SW 104 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>CELIS, EDUARD R</b> STREET ADDRESS <b>18565 SW 104 AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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 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: <u><i>Lucia Thompson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-26-04</u> Daytime Phone # <u>305-2380748</u>	