


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000095772</b>                                      |  |
| <b>1. Entity Name</b><br>A A SECURITY INVESTIGATIONS GROUP IV, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>18565 SW 104 AVE<br>MIAMI, FL 33157 | <b>Mailing Address</b><br>18565 SW 104 AVE<br>MIAMI, FL 33157 |
|---|---|

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04212005 No Chg-P CR2E034 (10/03)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>32-0108249   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>OJEDA-THOMPSON, LUCIA<br>12100 SW 182 TERR<br>MIAMI, FL 33177 |
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**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** \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 000000341542<br>04/29/05-80019-009 158.75 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS |                       |
|----------------------------|-----------------------|
| <b>TITLE</b>               | P                     |
| <b>NAME</b>                | OJEDA-THOMPSON, LUCIA |
| <b>STREET ADDRESS</b>      | 18565 SW 104 AVE      |
| <b>CITY - ST - ZIP</b>     | MIAMI, FL 33157       |
| <b>TITLE</b>               | D                     |
| <b>NAME</b>                | FOJO, GONZALO         |
| <b>STREET ADDRESS</b>      | 18565 SW 104 AVE      |
| <b>CITY - ST - ZIP</b>     | MIAMI, FL 33157       |
| <b>TITLE</b>               | D                     |
| <b>NAME</b>                | NUNEZ, DANILO         |
| <b>STREET ADDRESS</b>      | 18565 SW 104 AVE      |
| <b>CITY - ST - ZIP</b>     | MIAMI, FL 33157       |
| <b>TITLE</b>               | D                     |
| <b>NAME</b>                | CELIS, EDUARD R       |
| <b>STREET ADDRESS</b>      | 18565 SW 104 AVE      |
| <b>CITY - ST - ZIP</b>     | MIAMI, FL 33157       |
| <b>TITLE</b>               |                       |
| <b>NAME</b>                |                       |
| <b>STREET ADDRESS</b>      |                       |
| <b>CITY - ST - ZIP</b>     |                       |
| <b>TITLE</b>               |                       |
| <b>NAME</b>                |                       |
| <b>STREET ADDRESS</b>      |                       |
| <b>CITY - ST - ZIP</b>     |                       |

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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)(f), 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:** Lucia Thompson 42605 3052780748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #