

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000096683

Entity Name: PLURAL SECURITY SERVICES INC.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

2058 HACIENDA TERR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2058 HACIENDA TERR
WESTON, FL 33327

New Mailing Address:

FEI Number: 54-2125977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALOFRE, OMayRA
2058 HACIENDA TERR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALOFRE, OMayRA
Address: 2058 HACIENDA TERR
City-St-Zip: WESTON, FL 33327

Title: V () Delete
Name: GALOFRE, ULISES G JR.
Address: 2058 HACIENDA TERR
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PINNOCK, GERALD E
Address: 6201 NW 12 CT
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULISES GALOFRE

V

05/04/2005

Electronic Signature of Signing Officer or Director

Date