

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134288

1. Entity Name
U.S. SECURITY GROUP INC.



FILED

04 APR 30 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14100 PALMETTO FRONTASE ROAD
SUITE 201
MIAMI LAKES, FL 33016

Mailing Address
14100 PALMETTO FRONTASE ROAD
SUITE 201
MIAMI LAKES, FL 33016

2. Principal Place of Business

3. Mailing Address

P.O. Box 941191
MIAMI, FL 33194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY
14100 PALMETTO FRONTASE ROAD
SUITE 201
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TAVERAS, IVELISSE
STREET ADDRESS 14100 PALMETTO FRONTASE ROAD SUITE 201
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700035792927
05/10/04--01018--001 **115.00

TITLE SVP
NAME JAIME VILLAVICENCIO
STREET ADDRESS P.O. Box 941191
CITY-ST-ZIP MIAMI, FL 33194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700035792927
05/10/04--01018--002 **35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #