
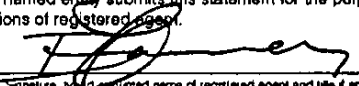
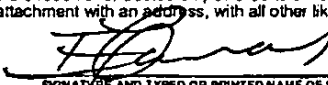


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

01-20-2005 90028 033 ***158.75
P03000134288

DOCUMENT # P03000134288 1. Entity Name U.S. SECURITY GROUP INC.					
Principal Place of Business 14100 PALMETTO FRONTASE ROAD SUITE 201 MIAMI LAKES FL 33016				Mailing Address P.O. BOX 941191 MIAMI FL 33194 US	
2. Principal Place of Business P.O. BOX 562024 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 562024 Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 200588576	
Zip 33256		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 IVELISSE TAVERAS Street Address (P.O. Box Number is Not Acceptable) 14100 PALMETTO FRONTASE ROAD City MIAMI FL 33016	
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 2/14/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAVERAS, IVELISSE 14100 PALMETTO FRONTASE ROAD SUITE 201 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP VILLAVICENCIO, JAIME P.O. BOX 941191 MIAMI FL 33194 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  IVELISSE TAVERAS President Date 2/14/05 305-480-9830					

FILED
05 MAR 14 AM 10:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
66002248



1st MOORE CR2E034 (10/04)