

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056026

FILED
Jan 26, 2005
Secretary of State

Entity Name: FEDERAL PROTECTION SECURITY INC

Current Principal Place of Business:

18800 NW 2ND AVE STE 107
MIAMI, FL

New Principal Place of Business:

18800 NW 2ND AVE STE 101
MIAMI, FL

Current Mailing Address:

18800 NW 2ND AVE STE 107
MIAMI, FL

New Mailing Address:

18800 NW 2ND AVE STE 101
MIAMI, FL

FEI Number: 65-0778871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, SHERON
119 NE 56TH STREET APT R
MIAMI, FL 33137 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CHARLES, SHERON
Address: 119 NE 56TH ST APT R
City-St-Zip: MIAMI, FL 33137

Title: ST () Delete
Name: CHARLES, JOHNY
Address: 119 NE 56TH STREET APT R
City-St-Zip: MIAMI, FL 33137

Title: P () Delete
Name: CEMOIN, CLERMENE
Address: 18800 NW 2ND AVE STE 107
City-St-Zip: MIAMI, FL

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

Title: CEO () Change (X) Addition
Name: MEDINE, KETIA
Address: 155 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138

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: JOHNY CHARLES

ST

01/26/2005

Electronic Signature of Signing Officer or Director

Date