

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085728

Entity Name: LNR SECURITY, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

10719 NW 17TH MANOR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

10719 NW 17TH MANOR
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-1189045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHLIMPER, LEON
10719 NW 17TH MANOR
CORAL SPRINGS, FL 33071 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Change (X) Addition
Name: CHLIMPER, LEON
Address: 10719 NW 17 MANOR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: DVP () Change (X) Addition
Name: WADDILL, JOHN R
Address: 4239 SE ROBERTSON ROAD
City-St-Zip: STUART, FL 34997 US

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: LEON CHLIMPER

DP

01/06/2005

Electronic Signature of Signing Officer or Director

Date