

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

06-13-2005 90004 043 ***150.00

DOCUMENT # P04000096773					
1. Entity Name SWORDFISH SECURITY OPTIONS GROUP, INC					
Principal Place of Business 8591 NW 186TH. ST MIAMI, FL 33015			Mailing Address 8591 NW 186TH. ST MIAMI, FL 33015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05122005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1291860				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANASA, JOSELYN 8591 NW 186TH. ST MIAMI, FL 33015			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P/D MANASA, JOSELYN 8591 NW 186TH. ST. MIAMI, FL 33015 <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	
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: <i>Joselyn Manasa</i>			Date: 6/9/05 Daytime Phone:		
<small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

To: Florida Department of State

666 24702
P04 000096773

Date: 07-11-05

Subject: SWORDFISH SECURITY OPTIONS GROUP

Please be advised, that we did file for our annual report/uniform business report as well as having sent in our check totaling \$150.00. As to the filing, we filed this report that was sent to us (2005 FOR PROFIT CORPORATION ANNUAL REPORT) DOCUMENT # P04000096773, FOR SWORDFISH SECURITY OPTIONS GROUP, INC. This we did as soon as this form was sent to us. Now you send us another form or letter stating that we must now send in an extra \$400.00 for late fee.

We believe that we filed on timely bases and therefore should not have to send in an extra fee of \$400.00. In the event that we have done this incorrectly and do have to send in the extra \$400.00 then we kindly ask of your department to please forward back to us our \$150.00 dollars already sent to your office and to please disregard our request to refile.

Once again thank you for your time and help.

SWORDFISH SECURITY OPTIONS GROUP, INC
8591 NW 186TH STREET
MIAMI, FL. 33015


JOSELYN MANASA - PRESIDENT