2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104420

FILED Apr 11, 2005 Secretary of State

Entity Name: FLORIDA EMERGENCY MANAGEMENT AGENCY K-9 PATROL, INC.

Current Principal Place of Business: New Principal Place of Business:

550 NE 63 STREET #1 431 NE 75 STREET

MIAMI, FL 33138 **FRONT**

MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

550 NE 63 STREET #1 431 NE 75 STREET MIAMI, FL 33138 **FRONT**

MIAMI, FL 33138

FEI Number: 75-3161167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORES, ADAEL J FLORES, ADAEL J 431 NE 75 STREET 550 NE 63 STREET #1 MIAMI, FL 33138 FRONT

MIAMI, FL 33138 US

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: ADAEL J. FLORES 04/11/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: CFO (X) Change () Addition FLORES, ADAEL J FLORES, ADAEL J Name: Name:

550 NE 63 STREET #1 431 NE 75 STREET, FRONT Address: Address: MIAMI, FL 33138 US City-St-Zip: MIAMI, FL 33138 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

Name: YOSHIDA, MASASHIGE R Name: FLORES, IRAIMA C 550 NE 63 STREET #1 555 NE 15 STREET, 28 J Address: Address: MIAMI, FL 33138 MIAMI, FL 33132 US City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

GONZALEZ, MARTA J Name: Name: 560 EAST 15 STREET Address Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33010 US

Title: () Delete Title: () Change (X) Addition

GONZALEZ, PEDRO Name: Name: Address: Address: 560 EAST 15 STREET City-St-Zip: City-St-Zip: HIALEAH, FL 33010 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: ADAEL J. FLORES CEO 04/11/2005