

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90174 036 ***150.00

DOCUMENT # P04000155465	
1. Entity Name U.S. FLORIDA SECURITY AGENCY, INC.	



40028515



02162005 Chg-P CR2E034 (10/03)

Principal Place of Business 6091 W 22 CT HIALEAH, FL 33016		Mailing Address 6091 W 22 CT HIALEAH, FL 33016	
2. Principal Place of Business 6091 W 22 CT		3. Mailing Address 6091 W 22 CT	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33016	Country USA	Zip 33016	Country USA

4. FEI Number 20-1887005	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESCOBAR, YONY 6091 W 22 CT HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name ESCOBAR YONY Street Address (P.O. Box Number is Not Acceptable) 6091 W 22 CT APT. 206 City HIALEAH FL Zip Code 33016	
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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: *[Signature]* YONY ESCOBAR, President 02/16/05
Signature of person named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	PDS ESCOBAR, YONY 6091 W 22 CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6091 W 22 CT. APT. 206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ESCALONA, YAMILE 6091 W 22 CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6091 W 22 CT APT. 206
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: *[Signature]* YONY ESCOBAR 02/16/05 786-271-1892
Signature of officer or director or printed name of signing officer or director Date Daytime Phone #