

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000005114

1. Entity Name
EXCELSIOR PATROL & SECURITY, INC.



Principal Place of Business
**13798 NE 11 AVENUE
NORTH MIAMI, FL 33161**

Mailing Address
**13798 NE 11 AVENUE
NORTH MIAMI, FL 33161**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0812794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEAN, FRANTZ F
3830 NW 179 STREET
MIAMI GARDENS, FL 33055**

**DO NOT WRITE
IN THIS SPACE**

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 FRANTZ F. Jean / President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.08.2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANTZ, JEAN F 3830 NW 179 STREET MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUBIN, JEAN S 430 NW 132 STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEAN, MONIQUE V 3830 NW 179 STREET MIAMI GARDENS, FL 33055
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01/23/08-00034-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01.08.2008