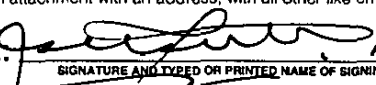


**- 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 046 ***150.00

DOCUMENT # P93000031521 1. Entity Name MIAMI BUSINESS SECURITY INC.					
Principal Place of Business 4933 SW 74 COURT MIAMI, FL 33155 US			Mailing Address 4933 SW 74 COURT MIAMI, FL 33155 US		
2. Principal Place of Business 4933 SW 74 CT Suite, Apt. #, etc.		3. Mailing Address 4933 SW 74 CT Suite, Apt. #, etc.			
City & State Miami FL Zip 33155 Country USA		City & State Miami FL Zip 33155 Country USA		4. FEI Number 65-0461844	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COLLANTES, NESTOR J 3765 SW 133 PLACE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Nestor J. Collantes Street Address (P.O. Box Number is Not Acceptable) 3765 SW 133 Place City Miami FL Zip Code 33175		
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 Nestor Collantes, Pres.  5/10/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
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	DPST COLLANTES, NESTOR J 3765 SW 133 PLACE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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  Nestor Collantes, Pres. 5/10/05 345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 669-6164 Daytime Phone #					

50052455



04272005 Chg-P CR2E034 (10/03)