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

05-13-2005 90228 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000031521

1. Entity Name
MIAMI BUSINESS SECURITY INC.

50052455

Principal Place of Business	Mailing Address
4933 SW 74 COURT MIAMI, FL 33155 US	4933 SW 74 COURT MIAMI, FL 33155 US

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4933 SW 74 CT	4933 SW 74 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number 65-0461844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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. [signature] 5/10/05
Signature, typed or printed 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	DPST COLLANTES, NESTOR J 3765 SW 133 PLACE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] Nestor Collantes, Pres 5/10/05 305 669-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #