FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1. Corporat	JMENT # P93 SECURITY AGENCY, II	3000033473	(8)		
Principal Plan 10857 NW #12 MIAMI FL		Mailing Address 10657 NW 7 ST #12			
I i	Place of Business	MIAMI FL 33172 2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 04/07/1995
21 Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		4. FEI Number 65-0415978	Applied For Not Applic
City & Stat	te	City & State		Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required
Ζφ 24	Country 25	Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	\$5.00 May Be Added to Fees
	9. Name and Address of C	29 urrent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Re	I INo
11. Pursuant t or register familiar wit	FL 33172	0502 and 607.1508, Florida Statt Florida, Such change was author Section 607.0505, Florida Statute	83 City	ress (P.O. Box Number is Not Acceptable ration submits this statement for the purp rd of directors. I hereby accept the appoin	
CIGITAL OF IL.	Signature, typed or printed name of registered	agent and title if applicable (N	OTE: Registered Agent signature respirin		
TITLE	P	AND DIRECTORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	CASTELLON, VICTOR M. 10857 NW 7TH ST. MIAMI FL		1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP		☐ Change ☐ Additron
ITLE IAME TREET ADDRESS ETY-ST-ZIP	V TELLES, MARISA 10857 NW 75TH ST. MIAMI FL	☐ DECETE	2 1 TITLE 22 NAME 23 STREET ADDRESS		☐ Change ☐ Addition
TLE 4ME IREET ADDRESS TY+ST-ZIP		☐ DELETE	24 CITY-ST-ZIP 3 1 TITLE 32 NAME 3.3 STREEL ADDRESS		☐ Change ☐ Addition
LE ME REET AODRESS Y-ST-ZIP		☐ DELETE	3 4 CITY - ST - ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
LE ME HEFT ADDRESS Y-ST-ZiP		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE 52 NAME 5.3 STREET ADDRESS 54 CITY - ST - ZIP		☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
certify that the oath; that I ar appears in Bit	ock 12 or Block 13 if changed, of RE:	with this filing is voluntarily furnismual report or supplemental annu- oration or the receiver or truston on an attachment with an address	empowered to execute this re	the exemption stated in Section 119.07(3 and that my signature shall have the same eport as required by Chapter 607, Florida	B)(k), Florida Statutes, I further te legal effect as if made under s Statutes; and that my name