

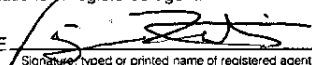
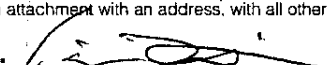


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000045355 1. Entity Name QUALITY SOUND & SECURITY, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JUL -9 AM 10:38	
Principal Place of Business 2501 W SAMPLE ROAD POMPANO BEACH, FL 33073				Mailing Address 2501 W SAMPLE ROAD POMPANO BEACH, FL 33073			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ASSIS, DEBBIE 2501 W SAMPLE ROAD POMPANO BEACH, FL 33073				Name ZALDETI, HAIME Street Address (P.O. Box Number is Not Acceptable) 2501 W SAMPLE ROAD City POMPANO BEACH FL Zip Code 33073			
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 6/25/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ASSIS, DEBBIE 2501 W SAMPLE ROAD POMPANO BEACH, FL 33073 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. ZALDETI, HAIME 2501 W SAMPLE ROAD POMPANO BEACH, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUST PORTAL, LIRAN 2501 W. Sample Road Pompano Beach FL 33073 <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	000039308150 07/19/04--01065--003 **\$61.25 <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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				President Date 6/25/04 954 Daytime Phone # 973 1804			