


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90002 009 ***150.00

DOCUMENT # P97000024185	
1. Entity Name SOUTH FLORIDA K-9 SERVICES INC.	

Principal Place of Business 1160 W 53 ST HIALEAH, FL 33012 US	Mailing Address 1160 W 53 ST HIALEAH, FL 33012 US
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54055742

2. Principal Place of Business 1160 W. 53 ST.	3. Mailing Address 1160 W. 53 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



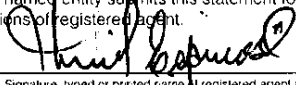
05132004 Chg-P CR2E034 (10/03)

City & State HIALEAH, FL.	City & State HIALEAH, FL.
Zip FL 33012	Zip 33012
Country	Country

4. FEI Number 65-0753516	Applied For <input type="checkbox"/> Not Applicable
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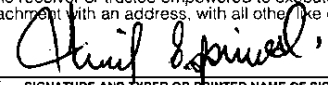
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESPINOZA, JORGE L 1160 W. 53 ST. HIALEAH, FL 33012		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 	DATE 05/23/04.
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, JORGE	NAME	
STREET ADDRESS	1160 W 53 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, ALEYDA	NAME	
STREET ADDRESS	1160 W 53 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE 05/23/04. (305) 822-4133
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	