


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000033858	
1. Entity Name INTER ISLAND SECURITY, INC.	

Principal Place of Business 1393 SW 1ST 400 MIAMI, FL 33135 US	Mailing Address P O BOX 350312 MIAMI, FL 33125 US
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

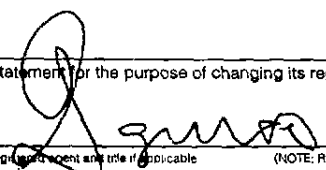
4. FEI Number 65-0746952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AGUILAR, JERRY
850 N MIAMI AVE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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: **04/06/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

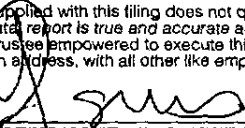
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILAR, JERRY P O BOX 350312 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, JESUS 1500 NW 27 ST MIAMI, FL 33142
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04/25/05-80124-008 75.00

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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:  DATE: **04/06/05** DAYTIME PHONE #: **786-290-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR