

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000074129

FILED
Jan 18, 2004
Secretary of State

Entity Name: TOP HAT SECURITY SERVICES, INC.

Current Principal Place of Business:

3600 S STATE ROAD 7
STE 256
MIRAMAR, FL 33023

New Principal Place of Business:

3600 S STATE ROAD 7
STE 3
MIRAMAR, FL 33023

Current Mailing Address:

3600 S STATE ROAD 7
STE 256
MIRAMAR, FL 33023

New Mailing Address:

3600 S STATE ROAD 7
STE 3
MIRAMAR, FL 33023

FEI Number: 65-0777914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AINA, AYODELE
3600 S STATE ROAD 7
STE 256
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

AINA, AYODELE W
3600 S STATE ROAD 7
STE 3
MIRAMAR, FL 33023 US

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.

SIGNATURE: AYODELE W. AINA

01/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AINA, AYODELE
Address: 2425 NE 135 ST #206
City-St-Zip: N MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AINA, AYODELE W
Address: 2425 NE 135 ST #206
City-St-Zip: N MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AYODELE AINA

PRES

01/18/2004

Electronic Signature of Signing Officer or Director

Date