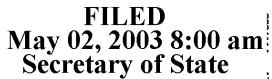
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



DOCUMENT# P9/000091648 1. Entity Name HSI SECURITY INC.						05-02-2003 90724 048 ***150.00			
6151 MIRAMAR PKWY			Mailing Address 12289 PEMBROKE ROAD SUITE 183 PEMBROKE PINES FL 33025						
2. Principal Place of Business		3. Mailing	3. Mailing Address			7 10021000 110 2011 2001 0011 0011 0011	I Brito Irio i I irio G illi I		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & St		4 , F	4. FEt Number 65-0781433 Applied For Not Applicable				
Zip Country		Zip	C	Country		Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered A	gent		7. N	ame and Address of New Regist	tered Agent		i
HADMON JOSEPH LIL				Name		į,			
HARMON, JOSEPH L II 12289 PEMBROKE ROAD SUITE 183				Street Address	s (P.O. Bo	ox Number is Not Acceptable)			ļ
PEMBROK	E PINES FL 33025			City			FL Zip Cod	le	
			~						
8. The above the obligat SIGNATURE	named entity submits this statement for ions of registered legent. Signature, typed posinited name of registered agent	<u> </u>		stered office or regist	-	ent, or both, in the State of Florida. o4 -	1 am familiar with, -04 _0 3	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financia Trust Fund Contribution.	☐ Added	00 May Be d to Fees	
1G.	OFFICERS AND	DIRECTORS		11.	ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	ء ا
TITLE	PD		☐ Delete	TITLE		\$1	Change	☐ Addition	2
NAME STREET ADDRESS CITY-ST-ZIP	HARMON, JOSEPH L II 12289 PEMBROKE ROAD SUITE PEMBROKE PINES FL 33025	183		NAME STREET ADDRESS CITY-ST-ZIP					00004 /10
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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 the size 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 a padress, with all other like empowered.

SIGNATURE:

CUPE REQUIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9**84)**450-1281