FILED
Feb 19, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057349

1. Entity Name
PIJUAN VIDEO SECURITY INC.

Principal Place of Business	Mailing Address
2699 COLLINS AVE STE 158 MIAMI BEACH, FL 33140 US	2699 COLLINS AVE STE 158 MIAMI BEACH, FL 33140 US

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
66-0844434
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIJUAN, JOAQUIN
2699 COLLINS AVE., STE. 158
MIAMI BEACH, FL 33140

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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
(Typed or printed name of registered agent and title if applicable) (NOTE: Required if agent signature required above)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	PIJUAN, JOAQUIN
STREET ADDRESS	2699 COLLINS AVE., STE. 158
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	PIJUAN, JUAQUIN
STREET ADDRESS	2699 COLLINS AVE., STE. 158
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joaquin Pijuan 2/17/04 305 962-5767
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGER, OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

JOAQUIN PIJUAN