

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90074 021 ***558.75


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MOORE CR2E034 (11/03)

DOCUMENT # P99000014242

1. Entity Name
TRANSWORLD SECURITY & INVESTIGATIONS, INC.



Principal Place of Business Mailing Address

14513 SW 169 TR ✓ MIAMI FL 33186 PO BOX 652838 ✓ MIAMI FL 33265

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0932079** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MENA, ELIZABETH~~
~~14513 SW 169 TERRACE~~
~~MIAMI FL 33177~~

7. Name and Address of New Registered Agent

Name **JOSEPH A. PEREIRA, JR**
 Street Address (P.O. Box Number is Not Acceptable) **10300 S.W 72 ST # 470 J**
 City **MIAMI** FL Zip Code **33173**

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 JOSEPH A. PEREIRA JR. *Joseph A Pereira, Jr* DATE 8/27/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VT <input checked="" type="checkbox"/> Delete
NAME	MEISA, ELIZABETH
STREET ADDRESS	5502 SW 144TH CT
CITY-ST-ZIP	MIAMI FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. Efigenia Sevilla
STREET ADDRESS	14513 SW 169 Tr.
CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VI. Jose M. Torres
STREET ADDRESS	14513 SW 169 Terrace.
CITY-ST-ZIP	Miami, FL. 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Efigenia Sevilla DATE 8/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #