2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Name PROFESSIONAL & PROTECTION GUARDS, INC.						05-03-2004	90701 00)8 ***15	50.00
Principal Place of Busin	ess	Mailing Address	Mailing Address						
200 LESIJE DR, STE 502 HALLANDALE, FL 33009 US		200 LESLIE DR, STE 502 HALLANDALE, FL 33009 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282004	Chg-P	CR2E034			
City & State		City & State			4. FEI Numbe 65-091	l Number 5-0912748			plied For t Applicable
Zip	Country Zip Cour		Coun	try	5. Certificate of Status Desired Security Fee Requirements				
6. Name and Address of Current Registered Agent				31	7. Name and	Address of New Ro	gistered Ag	ent	
AMES, VICTOR G				Name					
200 LESUIE DR, STE 502 HALLANDALE, FL 33009				Street Address (P.O. Box Number is Not Acceptable)					
,				City			FL	Zip Code	,
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 Signature, typed colorest of Registered agent and site # applicable, (NOTE: Registered Agent signature (equired when reinstating) OY 29/0 Y. DATE									
FILE NOWAL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI			
TITLE PST NAME AMES,	GUSTAVO	Delete	TTTLE	i i			i	☐ Change	Addition
STREET ADDRESS 200 LE	SLIE DR, STE 502 INDALE, FL 33009			ET ADORESS -ST-ZIP]
TITLE		☐ Delete	TILE	1			Ī	Change	Addition
NAME STREET ADORESS			NAM: STRE	E Et address					1
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STREET ADDRESS				EET ADDRESS				•	
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CITY-ST-ZIP			CITY	- ST- ZIP					
TITLE NAME		☐ Delete	TITLE NAME				-	Change	☐ Addition
STREET ADORESS City- St-Zip			STRE	EET ADORESS '- 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 tryle 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: 305-318-3002 SIGNATURE: SIGNATURE: Deptition Process of Displaced Process of Disp									