


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 028 ***150.00

DOCUMENT # P99000032234	
1. Entity Name PROFESSIONAL & PROTECTION GUARDS, INC.	

Principal Place of Business 16300 NE 19TH AVE., STE. 110 NORTH MIAMI BEACH, FL 33162	Mailing Address 16300 NE 19TH AVE., STE. 110 NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business 200 LESLIE DRIVE	3. Mailing Address 200 LESLIE DRIVE
Suite, Apt. #, etc. 502	Suite, Apt. #, etc. 502

City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH, FL
Zip 33009 Country USA	Zip 33009 Country USA



04142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0912748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMES, VICTOR G 200 LESLIE DR, STE 502 HALLANDALE, FL 33009	
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7. Name and Address of New Registered Agent	
Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMES, VICTOR G		NAME	
STREET ADDRESS 16300 NE 19TH AVE., STE. 110		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Victor G. Ames* **Victor G. Ames** 04/14/05 305-318-3002

SIGNATURE AND EXEMPTED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #