

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90069 006 ***150.00

DOCUMENT # P99000033300
 1. Entity Name
CORPORATION SECURITY INTERNATIONAL, INC.



Principal Place of Business
7930 NW 21 ST
MIAMI, FL 33122

Mailing Address
19150 SW 29 CT
MIRAMAR, FL 33029

2. Principal Place of Business
7924 NW 66th ST
 Suite, Apt. #, etc.

3. Mailing Address
18455 Miramar Parkway
 Suite, Apt. #, etc.
121

City & State
Miami, FL

City & State
Miramar, FL

Zip
33166-2726

Country
USA

Zip
33029

Country
USA



03252004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0943477

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NOGUERA, ORLANDO
19169 SW 29 CT
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name
NOGUERA ORLANDO

Street Address (P.O. Box Number is Not Acceptable)
5301 SW 184th Way

City
Miramar

FL

Zip Code
33029

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: **03/26/04**

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

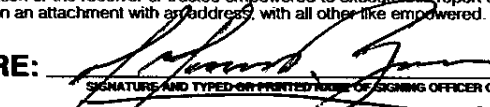
10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME SALCEDO, ORLANDO N	
STREET ADDRESS 19150 SW 29 CT	
CITY-ST-ZIP MIRAMAR, FL 33029	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Noguera Orlando	
STREET ADDRESS 18455 Miramar Parkway #121	
CITY-ST-ZIP Miramar, FL 33029	
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:  DATE: **03/26/04** (305) 5925584

Signature typed or printed name of signing officer or director