

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90682 027 ***150.00

DOCUMENT # P99000033300



1. Entity Name
CORPORATION SECURITY INTERNATIONAL, INC.

Principal Place of Business
**8065 WEST 26 CT
HIALEAH FL 33016**

Mailing Address
**19150 SW 29 CT
MIRAMAR FL 33029**



2. Principal Place of Business
7930 NW 21 ST
Suite, Apt. #, etc.

3. Mailing Address
19169 SW 29 CT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miramar, FL

4. FEI Number **65-0948577 650943477** Applied For Not Applicable

Zip Country
33122 USA

Zip Country
33029 USA

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, CRISTINA P
1365 STILLWATER-DR.
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

Name **Orlando Nogueira**
Street Address (P.O. Box Number is Not Acceptable)
**19169 SW 29 CT
Miramar FL 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 *[Signature]*
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **03/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	<input type="checkbox"/> Delete
NAME	DPST 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Orlando Nogueira
STREET ADDRESS	19169 SW 29 CT
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)(l), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/10/03** Daytime Phone # **(305) 592-5584**

CR2E034 (10/02)