

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

5/3/04  
 5.

05-03-2004 91243 047 \*\*\*150.00

**DOCUMENT # P98000061296**  
 1. Entity Name  
 BRINI INVESTIGATION SECURITY CORP.



Principal Place of Business Mailing Address  
 155 S MIAMI AVE PH I MIAMI FL 33130 PO BOX 382203 MIAMI FL 33238

66429469



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
 155 S MIAMI AVE D. O. BOX 382203  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 MIAMI FL MIAMI FL  
 Zip Country Zip Country  
 33130 MIAMI DADA 33238 MIAMI DADA

4. FEI Number 65-0946692 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BRINI, DELINOIR  
 1300 NW 111TH ST.  
 MIAMI FL 33167

7. Name and Address of New Registered Agent  
 Name: DELINOIR BRINI  
 Street Address (P.O. Box Number is not acceptable)  
 1300 NW 111 Street  
 City N MIAMI FL Zip Code 33167

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, the registered agent.  
 SIGNATURE [Signature] DATE 04/20/04

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRINI, DELINOIR PO BOX 382203 MIAMI FL 33138-2203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BRINI, DAVID PO BOX 382203 MIAMI FL 33238-2203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DELINOIR BRINI, PT 1300 NW 111th St MIAMI FL 33167</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DAVID BRINI VPS 1300 NW 111th St MIAMI FL 33167</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached sheet with an address, with all other like empowered.  
 SIGNATURE [Signature] DATE 04/20/04 Daytime Phone #