


04/22/2004 11:31 3052268635

FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000092712 1. Entity Name EDF SECURITY ENTERPRISES INC.	
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Principal Place of Business 3846 SW 143RD PL MIAMI, FL 33175	Mailing Address 3846 SW 143RD PL MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0978739	Applied For Not Applicable
5. Certificate of Status <input checked="" type="checkbox"/> Dissolved	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE FALCO, ELIU
3846 SW 143RD PL
MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE

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, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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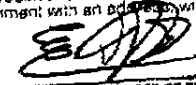
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DE FALCO, ELIU 3846 SW 143RD PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DE FALCO, MIRIAM 3846 SW 143RD PL MIAMI, FL 33175
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04/27/04-80019-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on her 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 affidavit with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

DATE DIGITAL POWER