


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 030 ***158.75

DOCUMENT # S93111 1. Entity Name GOLDEN SECURITY GUARDS, INC.					
Principal Place of Business 515 SW 97TH COURT MIAMI, FL 33174 US			Mailing Address 515 SW 97TH COURT MIAMI, FL 33174 US		
2. Principal Place of Business 1421 SW 7 STREET		3. Mailing Address 1421 SW 7 STREET			
Suite, Apt. #, etc. #11		Suite, Apt. #, etc. #11			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0297327	
Zip 33135		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33135		Country MIAMI-DADE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTRILLO, SOCRATES 515 SW 97TH COURT MIAMI, FL 33174			7. Name and Address of New Registered Agent Name CASTRILLO, SOCRATES Street Address (P.O. Box Number is Not Acceptable) 1421 SW 7 STREET, SUITE #11 City MIAMI		
State FL			Zip Code 33135		
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: <u><i>Socrates Castrillo</i></u> SOCRATES CASTRILLO 04/19/2005 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CASTRILLO, SOCRATES 515 SW 97TH COURT MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTRILLO, SOCRATES J. 9821 SW 159TH STREET MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7 STREET, #11 MIAMI, FLORIDA 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7 STREET, #11 MIAMI, FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7 STREET, #11 MIAMI, FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7 STREET, #11 MIAMI, FLORIDA 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7 STREET, #11 MIAMI, FLORIDA 33135	<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 attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Socrates Castrillo</i></u> SOCRATES CASTRILLO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/19/2005 (305) 541-9478 <small>Date Daytime Phone #</small>	

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04182005 Chg-P CR2E034 (10/03)