

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37353

FILED
Aug 06, 2004
Secretary of State

Entity Name: A.V.S. SECURITY SYSTEMS, INC.

Current Principal Place of Business:

5747 N ANDREWS WY
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5747 N ANDREWS WY
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0357815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN ROGER
5747 N ANDREWS WY
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

NEWMAN, ROBERT
5747 N ANDREWS WY
FT LAUDERDALE, FL 33309 US

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.

SIGNATURE: ROBERT NEWMAN

08/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERT NEWMAN,
Address: 5747 N ANDREWS WY
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: TD () Delete
Name: JAMES PASQUARELLO,
Address: 5747 N ANDREWS WY
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: SD () Delete
Name: ROGER NEWMAN,
Address: 1211 MEADOWBROOK ROAD N.E.
City-St-Zip: PALM BAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NEWMAN

PRES

08/06/2004

Electronic Signature of Signing Officer or Director

Date