

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003941

Entity Name: VALEX SECURITY, INC.

FILED  
Apr 13, 2005  
Secretary of State

**Current Principal Place of Business:**

153-66 ROCKAWAY BLVD  
JAMAICA, NY 11434

**New Principal Place of Business:**

**Current Mailing Address:**

153-66 ROCKAWAY BLVD  
JAMAICA, NY 11434

**New Mailing Address:**

FEI Number: 06-1451602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PRZYWARA, ROBERT E  
36 E 1ST STREET  
SUITE 402  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRZYWARA, ROBERT E  
Address: 15 SMITH TOWN CRESENT  
City-St-Zip: SMITHTOWN, NY 11787

Title: TD ( ) Delete  
Name: ALON, SHMUEL  
Address: 580 5TH AVE  
City-St-Zip: NEW YORK, NY 10036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: APRILLE WIGGINS

ADM

04/13/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date