

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08446

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: KENT SECURITY SERVICES, INC.

**Current Principal Place of Business:**

14600 BISCAYNE BLVD.  
N MIAMI, FL 33181 US

**New Principal Place of Business:**

14600 BISCAYNE BLVD.  
N MIAMI BEACH, FL 33181 US

**Current Mailing Address:**

14600 BISCAYNE BLVD.  
N MIAMI, FL 33181 US

**New Mailing Address:**

FEI Number: 59-2234701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALEXANDER, ORLY  
248 BAL BAY DRIVE  
BAL HARBOUR, FL 33154 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: D ( ) Delete  
Name: ALEXANDER, ORLY,  
Address: 14600 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: PD ( ) Delete  
Name: NEUMAN, GIL  
Address: 14600 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: ALEXANDER, SHLOMO C  
Address: 14600 BUSCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

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

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

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

Title: D (X) Change ( ) Addition  
Name: ALEXANDER, SHLOMO C  
Address: 14600 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GIL NEUMAN

PD

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date