


2006 FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 026 ***150.00

DOCUMENT # L36835	
1. Entity Name KENT SECURITY OF PALM BEACH, INC.	

Principal Place of Business 1400 E.OAKLAND PARK BLVD 103 FORT LAUDERDALE, FL 33334 US	Mailing Address 14600 BISCAYNE BLVD NORTH MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE

Boca Raton, FL 33434-4372
 90009201


01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0161382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, SHLOMI
 14600 BISCAYNE BLVD.
 NORTH MIAM BCH., FL 33181

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 ALEXANDER, SHLOMI 14600 BISCAYNE BLVD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUMAN, GIL 14600 BISCAYNE BLVD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, ORLY 14600 BISCAYNE BLVD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  3/30/06 305-919-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #