

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90230 015 \*\*\*150.00



DOCUMENT # P0000050244

1. Entity Name  
 NEXTECH SECURITY, INC.

Principal Place of Business Mailing Address  
 1588 WEST 39TH PL PO BOX 138885  
 HIALEAH FL 33012 HIALEAH FL 33013



2. Principal Place of Business 3. Mailing Address  
 2009 SW CATALINA TERRACE 2009 SW CATALINA TERRACE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State  
 Port St. Lucie, Florida Port St. Lucie, Florida  
 Zip Country Zip Country  
 34953 USA 34953 USA

4. FEI Number 65-1010073 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, GUILLERMO  
 221 EAST 37TH STREET  
 HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name Guillermo F. Alfonso  
 Street Address (P.O. Box Number is Not Acceptable)  
 2009 SW CATALINA TERRACE  
 City Port St. Lucie FL Zip Code 34953

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 *Guillermo F. Alfonso* GUILLERMO F. ALFONSO 04/25/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALFONSO, GUILLERMO	
STREET ADDRESS	221 EAST 37 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALFONSO, MARGARITA	
STREET ADDRESS	221 EAST 37 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillermo F. ALFONSO	
STREET ADDRESS	2009 SW CATALINA TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE, FLORIDA 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2009 SW CATALINA TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE, FLORIDA 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Margarita Alfonso* MARGARITA ALFONSO 04/28/05 (772) 878-8092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #