

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

0159534
AV

DOCUMENT # P00000050244

1. Entity Name
NEXTECH SECURITY, INC.



Principal Place of Business
2246 W 80 STREET BAY #3
HIALEAH FL 33016

Mailing Address
2246 W 80 STREET BAY #3
HIALEAH FL 33016



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8181 NW 36 STREET

3. Mailing Address
P.O. Box 138885

Suite, Apt. #, etc.
STE # 1002

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
HIALEAH, FLORIDA

4. FEI Number
65-1010073

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33013

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO, GUILLERMO
8851 NW 119 STREET
SUITE 3305
HIALEAH GARDENS FL 33018

Name

Street Address (P.O. Box Number is Not Acceptable)

221 EAST 37 STREET

City

HIALEAH

FL

Zip
33013

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME ALFONSO, GUILLERMO
STREET ADDRESS 8851 NW 119 STREET SUITE 3305
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE P/D Change Addition
NAME ALFONSO GUILLERMO F.
STREET ADDRESS 221 EAST 37 STREET
CITY-ST-ZIP HIALEAH, FLORIDA 33013

TITLE VP Delete
NAME ALFONSO, MARGARITA
STREET ADDRESS 2246 W 80 STREET BAY #3
CITY-ST-ZIP HIALEAH FL 33016

TITLE VP Change Addition
NAME MARGARITA ALFONSO
STREET ADDRESS 221 EAST 37 STREET
CITY-ST-ZIP HIALEAH, FLORIDA 33013

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: Guillermo F. Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-03

Date Daytime Phone #

CR2E034 (10/02)