


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # P04000167932	
1. Entity Name ALANIS SECURITY, INC.	

Principal Place of Business 7220 NW 36TH STREET SUITE 429 MIAMI, FL 33166	Mailing Address 7220 NW 36TH STREET SUITE 429 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1238039	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

AJAGBE, AUGUSTINE
 7220 NW 36TH STREET SUITE 429
 MIAMI, FL 33166

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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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJAGBE, AUGUSTINE 7220 NW 36TH STREET SUITE 429 MIAMI, FL 33166
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 08/17/07-80004-007 558.75

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 of assets 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: *Augustine O. Ajagbe* **AUGUSTINE O. AJAGBE** 08/08/07 **(305) 593-8723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #