

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000106084

**Entity Name:** SECURITY CONSULTING, INC.

**Current Principal Place of Business:**

C/O KENT SECURITY SERVICES, INC.  
14600 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

C/O KENT SECURITY SERVICES, INC.  
14600 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181

**FEI Number:** 65-0969438

**Certificate of Status Desired:** No

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

ALEXANDER, SHLOMI  
14600 BISCAYNE BLVD  
MIAMI, FL 33181 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name ALEXANDER, SHLOMO C.  
Address 14600 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33181

Title SECRETARY/TREASURER  
Name ALEXANDER, ORLY  
Address 14600 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33181

Title PRESIDENT  
Name NEUMAN, GIL  
Address 14600 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33181

*I hereby 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 all other like empowered.*

**SIGNATURE:** GIL NEUMAN

**PRESIDENT**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date