2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 385107

1. Entity Name
50 STATE SECURITY SERVICE, INC.

Principal Place of Business	Mailing Address
1125 NE 125 ST NORTH MIAMI, FL 33161 US	1125 NE 125 ST NORTH MIAMI, FL 33161 US

02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1354432

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, CHRISTPHER P
11098 BISCAYNE BLVD. #205
MIAMI, FL 33138

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000473000
04/08/06-80027-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRETZSCHMAR, TED L
STREET ADDRESS	1125 NE 125 ST. #300
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	STD
NAME	YAO, LIANNE
STREET ADDRESS	1125 NE 125 ST.
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	P
NAME	WILLIAMS, JOHN
STREET ADDRESS	1125 NE 125 ST. #300
CITY-ST-ZIP	MIAMI, FL 33161
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: Lianne Yao, sec/treas 3/15/06 305891.7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #