

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90038 013 ***150.00

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| DOCUMENT # 494227 1. Entity Name SECURITY PLUS INDUSTRIES, INC. |  |
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| Principal Place of Business 6213 SW 25TH ST MIAMI, FL 33155 US | Mailing Address 9600 NW 25TH STREET, STE 6-A MIAMI, FL 33172-1416 US |
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01262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1683097 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

VILLACIS, ROMULO
6213 SW 25TH ST
MIAMI, FL 33155

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 | PD VILLACIS, ROMULO 6213 S.W. 25TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VILLACIS, CARMEN 6213 S.W. 25TH ST. MIAMI, FL |
| 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: *[Signature]* 2-5/07 (305) 646 0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #