

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # 530384

**1. Entity Name
LIFE/SAFETY SYSTEMS, INC.**



**Principal Place of Business
13014 S W 85TH AVE RD
MIAMI, FL 33156 US**

**Mailing Address
13014 S W 85TH AVE RD
MIAMI, FL 33156 US**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1723312	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

**QUINN, JOHN J. J.
7405 S.W. 122ND ST.
MIAMI, FL 33158**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINN, JOHN J.J.
STREET ADDRESS	7405 S.W. 122ND ST.
CITY-ST-ZIP	MIAMI FL,
TITLE	ST
NAME	QUINN, GLADYS M.
STREET ADDRESS	7405 S.W. 122ND ST.
CITY-ST-ZIP	MIAMI FL,
TITLE	D
NAME	QUINN, GLADYS M.
STREET ADDRESS	7405 S.W. 122ND ST.
CITY-ST-ZIP	MIAMI FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000542500
05/10/06-80100-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John J. Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2006 305 253 5711
Date Daytime Phone #