

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000002037

1. Entity Name
WSA SECURITY, INC.



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
10311 LA CIENEGA BOULEVARD
LOS ANGELES, CA 90045

Mailing Address
10311 LA CIENEGA BOULEVARD
LOS ANGELES, CA 90045



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1845742	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

JAMES L. FLESHOOD, PRES. 7/8/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE CD
NAME BUSH, JAMES E
STREET ADDRESS 10311 LA CIENEGA BOULEVARD
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE D
NAME TSAKOUNAKIS, JOHN
STREET ADDRESS 10311 LA CIENEGA BOULEVARD
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE D
NAME MARTINEZ, ANDRES A
STREET ADDRESS 10311 LA CIENEGA BOULEVARD
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE P
NAME FLESHOOD, JAMES
STREET ADDRESS 10311 LA CIENEGA BOULEVARD
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE S
NAME SANTOS, MIRIAM
STREET ADDRESS 10311 LA CIENEGA BOULEVARD
CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/10/08-80003-004 558.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 310-256-9666

Date Daytime Phone #