2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Apr 29, 2008 08:00 AM

ANNOAL REPORT					Tipi 25, 2000 00:00 1	
DOCUMENT # F0600006934 1. Entity Name GLOBAL SECURITY SERVICES, INC.				Secretary of State		
Principal Plac	ee of Business	Mailing Address				
149 TULIP A		149 TULIP AVE				
FLORAL PAR	RK, NY 11001	FLORAL PARK, NY 11001				
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L	O NOT WRITE	IN I HIS SPA	UE .	4. FEI Numbe	er Applied For	
	•			11-361	Not Applicable	
	•			5. Certificate	of Status Desired \$8.75 Additional	
			·		Fee Required	
	6. Name and Address of Current I	Registered Agent	-			
DELUCA, CARMINE				DO	NOT WOITE	
8 PALMAS DEL RIO PT. ST. LUCIE, FL 34952				DO NOT WRITE IN THIS SPACE		
• The shows	named notify a density this statement for	the average of changing the require	ad affice or register	ad agent as ha	the in the State of Florida, I am familiar with and accord	
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. 1 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 reinstating) DATE						
	Signature, typed or printed name of registered agent a	urd (life ii appliicatoie (NOTE: Kedistere	o Ageni signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					U00000931191 05/22/08-80005-003 150.00	
10.	OFFICERS AND I	DIRECTORS	, ,			
TITLE	CP		٠,			
NAME	DELUCA, THOMAS		•	•		
STREET ADDRESS	20 PINE AVE					
CHTY-ST-ZIP	FLORAL PARK, NY 11001		`			
TITLE						
NAME						
STREET ADDRESS					* • .	
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12. Thereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.						
anangeu,	A)	A A				
SIGNAT	URE: x / Comme	A Carer			4-24-08	
		RINTED NAME OF SIGNING OFFICER OR DIRECT	TOR		Date Daytime Phone if	