## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000000264

Address:

City-St-Zip:

329 W. 18TH ST.

CHICAGO, IL 60616

Entity Name: VACANT PROPERTY SECURITY INC

FILED Apr 28, 2009 Secretary of State

Littly Name: VACANT PROFERTI SECORITI INC.					
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
4595 NW 7 MIAMI, FL					
Current Ma	ailing Addres	s:	New Mailing Address:		
329 W. 18T CHICAGO,	TH STREET, S IL 60616	SUITE 714			
FEI Number:	36-3943242	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
URICOLA, 4595 NW 7 MIAMI, FL	3RD AVE.		WHITE, MICHAEL 4595 NW 73RD AVE. MIAMI, FL 33166 US	;	
The above in the State		submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MICHAEL WHITE				04/28/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Carr	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CUREAU, FRAN 329 W. 18TH S' CHICAGO, IL 6	Г.	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () QUINLAN, IAN 329 W. 18TH S' CHICAGO, IL 6		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () KUMOREK, DO 329 W. 18TH S' CHICAGO, IL 6	Г.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	T () JAMES, STEPH	Delete AN	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONALD KUMOREK S 04/28/2009