

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90146 048 ***150.00

DOCUMENT # F96000003473

1. Entity Name

AFA Protective Systems, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1255 LaQuinta Drive

3. Mailing Address
155 Michael Drive

Suite, Apt. #, etc.
100A

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Syosset, NY

Zip
32809

Country
Orange

Zip
11791

Country
Nassau

4. FEI Number
13-1805009

Applied For
Not Applicable

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

50020553

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Co.
Street Address (P.O. Box Number is Not Acceptable)
121 Flays St

City
Tallahassee FL Zip Code
32301

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 reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25**

Make Check Payable to Florida Department of State

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
President	Richard Kleinman	155 Michael Dr	Syosset, NY 11791
Chairman	Robert Kleinman	155 Michael Dr	Syosset, NY 11791
Treasurer	Raymond Greenberger	155 Michael Dr	Syosset, NY 11791
Director	Asher Bernstein	855 Avenue of the Americas	NY, NY 10001
Director	Fredric Mack	370 West Passaic St	Rochelle Park, NJ

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/06

516-496-2322

Date

Daytime Phone #