

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90084 010 \*\*\*158.75

DOCUMENT # K72087

1. Entity Name

SOUTHERN SECURITY AND INVESTIGATION INC.



Principal Place of Business

9450 NW 58TH STREET  
SUITE 104  
MIAMI FL 33178  
US

Mailing Address

9450 NW 58TH STREET  
SUITE 104  
MIAMI FL 33178  
US



2. Principal Place of Business - No P.O. Box #

6925 NW 77 Avenue

3. Mailing Address

6925 NW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0105626

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRES, LILIA U  
9716 NW 28TH TERRACE  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Lilia Maria Torres

Street Address (P.O. Box Number is Not Acceptable)

9716 NW 28th Terrace

City

Miami

FL

Zip Code

33172

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

*Lilia M. Torres*

2/13/2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: TORRES, LILIA M.  
STREET ADDRESS: 9716 NW 28TH TERRACE  
CITY- ST- ZIP: MIAMI FL 33172 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: S  
NAME: TORRES, ROBERT  
STREET ADDRESS: 9716 NW 28TH TERRACE  
CITY- ST- ZIP: MIAMI FL 33172 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Lilia M. Torres* Lilia M. Torres

2/13/2007

305-592-2996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #