


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90016 045 ***150.00

DOCUMENT # L36835 1. Entity Name KENT SECURITY OF PALM BEACH, INC.					
Principal Place of Business 6100 GLADES RD, # 302 BOCA RATON, FL 33434-4372 US			Mailing Address 14600 BISCAYNE BLVD NORTH MIAMI, FL 33181 US		
2. Principal Place of Business - No P.O. Box # 14600 Biscayne Blvd.			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami, Florida			City & State 		
Zip 33181		Country USA		4. FEI Number 65-0161382	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDER, SHLOMI 14600 BISCAYNE BLVD. NORTH MIAM BCH., FL 33181			7. Name and Address of New Registered Agent Name David R. Serns, Esq. Street Address (P.O. Box Number is Not Acceptable) 17101 NE 19th Avenue, Suite 205 City North Miami Beach FL Zip Code 33162		
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 <u>David R. Serns</u> <i>[Signature]</i> DATE <u>3/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, SHLOMI <input type="checkbox"/> Delete 14600 BISCAYNE BLVD MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUMAN, GIL <input type="checkbox"/> Delete 14600 BISCAYNE BLVD MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: GIL NEUMAN <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>(305) 919-9400</u> <small>Daytime Phone #</small>		