
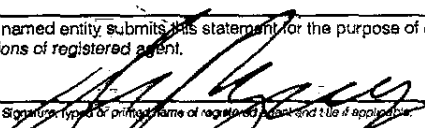
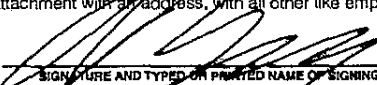


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L68763</b> 1. Entity Name <b>SOUTH MIAMI SECURITY SYSTEMS, INC.</b>		
Principal Place of Business <b>11041 SW 57 STREET MIAMI, FL 33165 US</b>		Mailing Address <b>312A SW 12 AVE MIAMI, FL 33130</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BAEZ, ALEJANDRO 11041 SW 57TH ST. MIAMI, FL 33165</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  DATE: <b>07/01/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD BAEZ, ALEJANDRO 11041 SW 57 STREET MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAEZ, JORGE 11041 SW 57 STREET MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PAES.</b> <b>7/1/05</b> <b>305-220-2159</b> <small>Date Daytime Phone #</small>



07092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0195086</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000372562  
07/13/05-80005-025 150.00

**DO NOT WRITE  
IN THIS SPACE**