

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039753

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: VANGUARD SECURITY OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

10145 N.W. 19 ST.  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10145 N.W. 19 ST.  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-0582620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASTEAZORO, ALFREDO  
10145 N.W. 19 ST.  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

FLYNN, SEAN  
10145 N.W. 19 ST.  
MIAMI, FL 33172 US

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.

SIGNATURE: SEAN FLYNN

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARRELL, RONALD  
Address: 10145 N.W. 19 ST.  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: MILLS, ROBERT  
Address: 10145 N.W. 19 ST.  
City-St-Zip: MIAMI, FL 33172

Title: O ( ) Delete  
Name: GASTEAZORO, ALFREDO  
Address: 10145 NW 19 STREET  
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: FLYNN, SEAN  
Address: 10145 NW 19 STREET  
City-St-Zip: MIAMI, FL 33172

Title: O ( ) Change (X) Addition  
Name: GASTEAZORO, RICARDO  
Address: 10145 NW 19TH ST  
City-St-Zip: MIAMI, FL 33172

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.

SIGNATURE: SEAN FLYNN

O

04/30/2007

Electronic Signature of Signing Officer or Director

Date