


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 042 ***158.75

DOCUMENT # P00000050244					
1. Entity Name NEXTECH SECURITY, INC.					
Principal Place of Business 2009 SW CATALINA TERR PORT SAINT LUCIE, FL 34953			Mailing Address 2009 SW CATALINA TERR PORT SAINT LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # 1321 SW STONY AVENUE		3. Mailing Address P.O. Box 882455			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT SAINT LUCIE, FLORIDA		City & State PORT ST. LUCIE, FLORIDA		4. FEI Number 65-1010073	
Zip 34953		Country USA		Zip 34988	
Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALFONSO, GUILLERMO F 2009 SW CATALINA TER PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1321 SW STONY AVENUE City <u>PORT SAINT LUCIE</u> <u>FL</u> Zip Code <u>34953</u>		
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 _____ <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 PD	NAME ALFONSO, GUILLERMO F	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2009 SW CATALINA TERRACE	PORT SAINT LUCIE, FL 34953		STREET ADDRESS 1321 SW STONY AVENUE	PORT SAINT LUCIE, FLORIDA 34953	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	NAME ALFONSO, MARGARITA	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2009 SW CATALINA TERRSNO	PORT SAINT LUCIE, FL 34953		STREET ADDRESS 1321 SW STONY AVENUE	PORT ST. LUCIE, FLORIDA 34953	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Margarita Alfonso</u> MARGARITA ALFONSO			04/09/08 62288-0105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		