2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED DOCUMENT # P00000115184 May 10, 2007 08:00 AM Secretary of State 1. Entity Namo . • SILVER SECURITY SERVICES, INC. Principal Place of Business Mailing Address 6801 NW TAMIAMI CANAL ROAD 6801 NW TAMIAMI CANAL ROAD MIAMI FL 33126-4450 MIAMI FL 33126-4450 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1068152 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, SERGIO R 6801 NW TAMIAMI CANAL ROAD Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126-4450 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, RITE Delete TITLE ☐ Change Addition MARTINEZ, SERGIO R NAME NAME U00000764823 6801 NW TAMIAMI CANAL ROAD STREET ADDRESS STREET ADDRESS 05/31/07-80013-003 155.00 MIAMI FL 33126-4450 CITY - ST - ZIP CITY-ST-ZIP ☐ Defete Iffle Change ☐ Addition NAME NAME STREET ADDRESS STRLLI ADDRESS CITY-ST-78 CITY-S1-7IP MITE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 eath; 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.