

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90225 028 \*\*\*150.00

DOCUMENT # P01000004280

1. Entity Name

ADVANCE SECURITY SYSTEMS INC.



Principal Place of Business

6405 NW 36 ST., #225 118  
MIAMI, FL 33166

Mailing Address

6405 NW 36 ST., #225 118  
MIAMI, FL 33166



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1067526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPDEVILA, GREG  
6405 NW 36 ST., #225 118  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMAN, MERCI
STREET ADDRESS	5400 NW 74TH AVE 6405 N.W 36 ST #118
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	TD
NAME	BERTOT, ALEX
STREET ADDRESS	5400 NW 74TH AVE 6405 N.W 36 ST #118
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	VD
NAME	BERTOT, JANINE
STREET ADDRESS	5400 NW 74TH AVE 6405 N.W 36 ST #118
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	SD
NAME	CAPDEVILA, GREG
STREET ADDRESS	5400 NW 74TH AVE 6405 N.W 36 ST #118
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04

305-894-7004