

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90835 033 \*\*\*150.00

**DOCUMENT # P01000004280**

1. Entity Name  
**ADVANCE SECURITY SYSTEMS INC.**



Principal Place of Business  
**6405 NW 36 ST., #118  
MIAMI, FL 33166**

Mailing Address  
**6405 NW 36 ST., #118  
MIAMI, FL 33166**

**40092942**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**65-1067526**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Greg Capdevila*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/27/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 ☐ Delete  
NAME ROMAN, MERCI  
STREET ADDRESS 6405 NW 36 ST., #118  
CITY-ST-ZIP VIRGINIA GARDENS, FL 33166

TITLE TD ☐ Delete  
NAME BERTOT, ALEX  
STREET ADDRESS 6405 NW 36 ST., #118  
CITY-ST-ZIP VIRGINIA GARDENS, FL 33166

TITLE VD ☐ Delete  
NAME BERTOT, JANINE  
STREET ADDRESS 6405 NW 36 ST., #118  
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD ☐ Delete  
NAME CAPDEVILA, GREG  
STREET ADDRESS 6405 NW 36 ST., #118  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/07 305-874-1004*  
Date Daytime Phone #



**ATTACHMENT**  
**40092942**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**P01000004280**

Business Entity Name

**ADVANCE SECURITY SYSTEMS INC.**

FEI Number 651067526  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address 6405 NW 36 ST., #118  
Suite, Apt. #, etc.  
City, State MIAMI , FL  
Zip Code & Country 33166

**Mailing Address**

Address 6405 NW 36 ST., #118  
Suite, Apt. #, etc.  
City, State MIAMI , FL  
Zip Code & Country 33166

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) CAPDEVILA , GREG

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 6405 NW 36 ST., #118  
Suite, Apt. #, etc.  
City, State MIAMI , FL  
Zip Code & Country 33166 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD  
Name (Last, First, Middle, Title) ROMAN, MERCI

- OR -

Entity Name to serve as  
Officer/Director

Street Address 6405 NW 36 ST, #118  
City, State VIRGINIA GARDENS, FL  
Zip Code & Country 33166

Title TD  
Name (Last, First, Middle, Title) BERTOT, ALEX

- OR -

Entity Name to serve as  
Officer/Director

Street Address 6405 NW 36 ST., #118  
City, State VIRGINIA GARDENS, FL  
Zip Code & Country 33166

Title VD  
Name (Last, First, Middle, Title) BERTOT, JANINE

- OR -

Entity Name to serve as  
Officer/Director

Street Address 6405 NW 36 ST., #118  
City, State MIAMI, FL  
Zip Code & Country 33166

Title SD

Name (Last, First, Middle, Title)

CAPDEVILA, GREG

- OR -

Entity Name to serve as  
Officer/Director

Street Address

6405 NW 36 ST, #118

City, State

MIAMI

FL

Zip Code & Country

33166

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title SD

Officer/Director Signature

Greg Capdevila

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset