2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 31, 2006 8:00 am Secretary of State

DOCUMENT # P0100008556 1. Entity Name PRIMETECH SECURITY SYSTEMS, INC.							07-31-2006	5 90009 (005 ***150.	.00
Principal Place of Business 1680 W 56 ST 3190 323-0 HIALEAH, FL 33012			Mailing Address 8004 N.W. 154\$T SUITE 279 MIAMI, FL 33016							
	lace of Business N.W. 15	4 Street	3. Mailing Address						<u> </u>	
Suite, Apr. #, etc. 279			Suite, Apt. #, etc.			07192006	Chg-P	CR2	1 E034 (11/05)	
City & State Miami Lakes Florida			City & State			4. FEI Numb		•	l ———	plied For t Applicable
Zip 330	Zip Country U.S.A.		Zip Count		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and A	ddress of Current F				7. Name and	7. Name and Address of New Registered Agent			
MUNIZ, JOSE R					Name JORGE HERNANDEZ					
8004 N.W. 154 ST. #279 MIAMI LAKES, FL 33016.					Street Address (P.O. Box Number is Not Acceptable)					
					8004 N.W. 154 Street Suite 279					
						m <u>i</u> Lakes		F	, , , , , ,	
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: Believed Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finar Trust Fund Contribution.					ncing	\$5.00 May Be Added to Fees) 07.193(2)(b), eive the prior r	
10.	ОТ	OFFICERS AND		11,			CHANGES TO C	FFICERS A		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PT MUNIZ, JOSE I 1680 W 56 ST 3 HIALEAH, FL 3	319C				PT Hernande 8004 N.W Miami La	. 154 St	: Ste	⊠ Change 279	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEESE, WILLIA 11491-C S.W. 1 MIAMI, FL 331	09 ROAD	☐ Delete			True Critical States			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDOUGAL, B 9344 S.W. 143 MIAMI, FL 331	PLACE	☐ Delete						□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
12. I hereby indicated of the co-	certify that the inford on this report or supportation or the recuporation or the recuporation or on an attachment		this filing does not qualify to true and accurate and that wered to execute this report with all other like empowered	or the ex my signal as requ	emptions cont ture shall have ired by Chapte	ained in Chapter 1 the same legal effe er 607, Florida Statu	19, Florida Statute ect as if made und tes; and that my n	s. I further er oath; the ame appea	certify that the in at I am an officer irs in Block 10 o	nformation or director r Block 11 if