2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P01000008556 **FILED** Jul 29, 2008 08:00 AM PRIMETECH SECURITY SYSTEMS, INC. **Secretary of State** Principal Place of Business Mailing Address 8004 NW 154TH ST 8004 N.W. 154ST **SUITE 279** SUITE 279 MIAMI LAKES, FL 33016 MIAMJ, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1070428 Not Applicable Country Zip 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 HERNANDEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 8004 NW 154TH ST **SUITE 279** MIAMI LAKES, FL 33016 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE U00000956608 - Change ☐ Delete TITLE HERNANDEZ, JORGE NAME NAME U7/29/08-80002-006 150.00 STREET ADDRESS 8004 NW 154TH ST SUITE 279 STREET ADDRESS CITY-S7-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME TEESE, WILLIAM A 11491-C S.W. 109 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE Delete TITLE Change Addition MCDOUGAL, BERNAL NAME NAME STREET ADDRESS 9344 S.W. 143 PLACE STREET ADDRESS CITY-SI-7IP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 of 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.