


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 019 \*\*\*150.00

<b>DOCUMENT # P01000019850</b> 1. Entity Name <b>CRIME STOPPERS SECURITY &amp; INVESTIGATION, INC.</b>																																					
Principal Place of Business 7500 NW 25ST 235 MIAMI, FL 33122			Mailing Address 7500 NW 25 ST 235 MIAMI, FL 33122																																		
2. Principal Place of Business - No P.O. Box # <b>15694 SW 18 LN</b>		3. Mailing Address <b>P.O. Box 653237</b>																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1079290</b>																																	
Zip <b>33185</b>		Country <b>Dade</b>		Applied For <input type="checkbox"/> Not Applicable																																	
Zip <b>33265</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>PINEIRO, ISMAEL</b> <b>15694 SW 18 LN</b> <b>MIAMI, FL 33185</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																	
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: <u><b>Ismael Pineiro</b></u> <span style="float: right;"><b>01/16/07</b></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>PINEIRO, ISMAEL</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><b>151694 SW 18 LN</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI, FL 33185</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">President</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>ISMAEL PINEIRO</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><b>15694 SW 18 LN</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI, FL 33185</b></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS		<b>PINEIRO, ISMAEL</b>		CITY - ST - ZIP		<b>151694 SW 18 LN</b>				<b>MIAMI, FL 33185</b>		TITLE	President	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS		<b>ISMAEL PINEIRO</b>		CITY - ST - ZIP		<b>15694 SW 18 LN</b>				<b>MIAMI, FL 33185</b>	
TITLE	P	NAME	Delete <input checked="" type="checkbox"/>																																		
STREET ADDRESS		<b>PINEIRO, ISMAEL</b>																																			
CITY - ST - ZIP		<b>151694 SW 18 LN</b>																																			
		<b>MIAMI, FL 33185</b>																																			
TITLE	President	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																		
STREET ADDRESS		<b>ISMAEL PINEIRO</b>																																			
CITY - ST - ZIP		<b>15694 SW 18 LN</b>																																			
		<b>MIAMI, FL 33185</b>																																			
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: <u><b>Ismael Pineiro</b></u> <span style="float: right;"><b>01/16/07</b> <b>305 629-8477</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

**50000908**



01102007 Chg-P CR2E034 (12/06)