

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054168

FILED
Apr 18, 2009
Secretary of State

Entity Name: SECURITY MARKETING, INC.

Current Principal Place of Business:

7791 NW 46 ST
414
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7791 NW 46 ST
414
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1109024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYERAS, ALVARO
7579 NW 112 PL
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAYERAS, ALVARO
Address: 7579 NW 112 PL
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: PAYERAS, ANA M
Address: 7579 NW 112 PL
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAYERAS, ALVARO
Address: 7791 NW 46 ST SUITE 414
City-St-Zip: MIAMI, FL 33166

Title: S (X) Change () Addition
Name: PAYERAS, ANA M
Address: 7791 NW 46 ST SUITE 414
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO PAYERAS

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04/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date