

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90174 001 \*\*\*150.00

<b>DOCUMENT # P02000004269</b>					
<b>1. Entity Name</b> SAFE & SOUND SECURITY OF SOUTH FLORIDA INC.					
<b>Principal Place of Business</b> 3109 GRAND AVENUE PMB 284 MIAMI, FL 33133			<b>Mailing Address</b> 3109 GRAND AVENUE PMB 284 MIAMI, FL 33133		
<b>2. Principal Place of Business - No P.O. Box #</b> 220 NE 123RD ST.		<b>3. Mailing Address</b> 220 NE 123RD ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA		<b>4. FEI Number</b> 02-0535619	
<b>Zip</b> 33161		<b>Country</b> DADE		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GAITOR, EDWIN S 3872 GRAND AVENUE MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: EDWIN GAITOR Street Address (P.O. Box Number is Not Acceptable): 220 NE 123RD STREET City: MIAMI FL Zip Code: 33161		
<b>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.</b> SIGNATURE: <u>Edwin S Gaitor</u> DATE: <u>02-14-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAITOR, EDWIN S 220 NE 123RD STREET N MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
<b>SIGNATURE:</b> <u>Edwin S Gaitor</u>			Date: <u>02-14-07</u> Daytime Phone #		