


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 FILED
Jul 07, 2005 8:00 am
Secretary of State

05-04-2005 90135 048 ***150.00

DOCUMENT # P03000008587			
1. Entity Name SERCA SECURITY CORP			
Principal Place of Business 2624 NW 97 AVE MIAMI, FL 33172		Mailing Address 2624 NW 97 AVE MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same as above.</i>		Suite, Apt. #, etc. <i>Same as above.</i>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 04012005		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, JOSE M 2624 NW 97 AVE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Jose M. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 2624 NW 97 Ave City MIAMI FL 33172 Zip 33172	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE M 2624 NW 97 AVE MIAMI, FL 33172 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Jose M. Gonzalez</i>		Date 04/21/05 (305) 573-7322	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

6682425 PR300006887

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Seren Security Corp

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

2024 NW 97 AVE

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

MIAMI FL 33172

5b City, state, and ZIP code

6 County and state where principal business is located

Dade - Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Jose M. Gonzalez

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) ▶ SS-4☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises☐ Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☒ Other (specify) ▶ REQUEST FET NUMBER

10 Date business started or acquired (month, day, year)

01/22/03

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".

Agricultural

Household

Other

0

0

0

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Health care & social assistance☐ Wholesale-agent/broker☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Accommodation & food service☐ Wholesale-other☐ Retail☒ Other (specify) SECURITY SERVICES

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

SECURITY SERVICES - SERVICES PROVIDED

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 16b and 16c.16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ SEREN SECURITY CORP Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

01/22/03

City and state where filed

MIAMI - FLORIDA

Previous EIN

UNKNOWN

Third
Party
DesigneeComplete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Jose M. Gonzalez / President

Applicant's telephone number (include area code)

(305) 573-7322

Signature ▶

Date ▶

6/3/05

Applicant's fax number (include area code)

(305) 597-1544

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)



SERECA

SECURITY CORPORATION

ATTACHMENT

66024298

POB 800068587

Miami Florida
June 3, 2005

Florida Department of State
Division of Corporations

To Whom It May Concern:

The following letter is to request the FEI number for **Sereca Security Corp.** Due to a dreadful lost of our number we were unable to provide it to your office with our annual report. We apologized for any inconvenience that this may caused and thanks in advance for your help on this matter of such a great importance.

Kind Regards,


Jose M. Gonzalez
President