

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028245					
1. Entity Name AJC SECURITY SOLUTIONS INC					
Principal Place of Business 2286 W 56 STREET HIALEAH, FL 33016 US			Mailing Address 2286 W 56 STREET HIALEAH, FL 33016 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072006 Chg-P CR2E034 (11/05)	
4. FEI Number 04-3744739				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMACHO, ALEX JAVIER 2286 W 56 STREET HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 not in state) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CAMACHO, ALEX JAVIER 2286 WEST 56 STREET HIALEAH, FL 33016		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMACHO, ALEX JAVIER 2286 WEST 56 STREET HIALEAH, FL 33016		☐ Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMACHO, ALEX JAVIER 2286 WEST 56 STREET HIALEAH, FL 33016		☐ Delete		
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.			000000445958 03/07/06-80068-025 150.00		
SIGNATURE:			DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #		