2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076474

FILED Feb 07, 2007 Secretary of State

Entity Name: PUBLIC SAFETY EQUIPMENT & INSTALLATIONS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1305 NW 155T MIAMI, FL 331				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1305 NW 155T MIAMI, FL 331				
FEI Number: 02-0	0700204	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
	_			
	ST PINES, FL 33 med entity su		ourpose of changing its registered	d office or registered agent, or both,
11808 NW 13 SPEMBROKE P The above nan n the State of F	ST PINES, FL 33 med entity su		ourpose of changing its registered	d office or registered agent, or both,
11808 NŴ 13 9 PEMBROKE P The above nan	ST PINES, FL 33 med entity su Florida.			d office or registered agent, or both, Date
11808 NW 13 SPEMBROKE P The above nam In the State of F	ST PINES, FL 33 med entity su Florida. Electronic	bmits this statement for the p		
11808 NW 13 SPEMBROKE P The above nam In the State of F	ST PINES, FL 33 med entity su Florida. Electronic gn Financing	bmits this statement for the positions of Registered Age Frust Fund Contribution ().	ent	
11808 NW 13 SPEMBROKE P The above namenthe State of F SIGNATURE: Election Campaig OFFICERS AN Title: P Name: PE Address: 118	ST PINES, FL 33 med entity su Florida. Electronic gn Financing	bmits this statement for the personal statement	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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: GITA PERSAD P 02/07/2007