FILED
Aug 30, 2005 8:00 am
Secretary of State

06-22-2005 90078 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/22.

DOCUMENT # P03000152139

1. Entity Name
AAA-PLUS SECURITY INC.

66026645

Principal Place of Business	Mailing Address
1136 SW 78 CT MIAMI, FL 33144	1136 SW 78 CT MIAMI, FL 33144
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0520237 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIEDO, DAVID
1136 SW 78 CT
MIAMI, FL 33144

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] 04-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 OVIEDO, DAVID 230-63-2831 1136 SW 78 CT MIAMI, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] DAVID OVIEDO 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

U60216045

August 18, 2005

Florida Department of State
Division of Corporation
P O Box 1500
Tallahassee, FL 32302-1500

RE: your letter dated July 12, 2005
AAA-PLUS SECURITIY INC
ID# 20-0520237 – Ref: PO3000152139

Gentlemen:

In response to your notification received on July 17, 2005, please be informed of the following:

I mailed this return on time, but the check was returned because I overlooked to sign it. I returned the information with the check correctly signed right after I received the notification. If this error failed to file late, I would respectfully request your consideration (as the first time) and abate this penalty of $550.00.

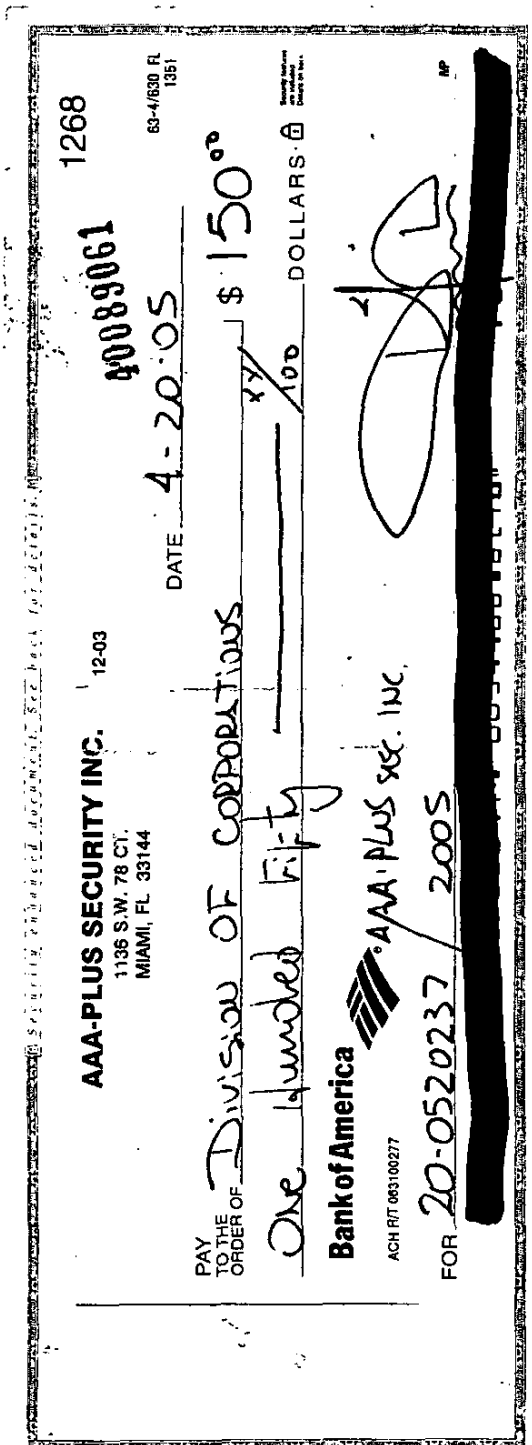
Thanking in advance for the special attention to this matter.

Sincerely,

David Oviedo
President

ATTACHMENT

W02645
#P23000152139



ATTACHMENT

06026645
#P03000152139