

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 025 ***150.00

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1. Entity Name
STATE SECURITY SERVICES, INC.



Principal Place of Business
807 SW 25TH AVE
MIAMI, FL 33135
SUITE 207

Mailing Address
807 SW 25TH AVE
MIAMI, FL 33135
SUITE 207

400300340



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0860569

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, RAUL
399 NW 72ND AVE #311
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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

TITLE
PD
NAME
GARCIA, RAUL
STREET ADDRESS
807 SW 25TH AVE STE 207
CITY-ST-ZIP
MIAMI, FL 33135

TITLE
VD
NAME
DELOS ANGELES GARCIA, SANTOS
STREET ADDRESS
807 SW 25TH AVE STE 207
CITY-ST-ZIP
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Raul Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/06

Date

Daytime Phone #

(305) 541-4050