2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131043 1. Entity Name

Entity Name
 JJ SECURITY CONTROL CORP.



FILED Aug 23, 2007 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

9311 SW 4TH STREET

SUITE 215 MIAMI, FL 33174 Mailing Address

9311 SW 4TH STREET SUITE 215

MIAMI, FL 33174



DO	NOT	WRITE	IN THIS	SPACE

4.	FEI Number	Applied For
	20-1664054	Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAEN, JUAN M 9311 SW 4TH STREET SUITE 215 MIAMI, FL 33174

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

08132007

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 GUAN MESALEN SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE								
Strandure, typed or printed name of straights at agent and tills if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAEN, JUAN M 9311 SW 4TH STREET MIAMI, FL 33174				U00000772672 08/23/07-80004-016 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, MAYDA 9371 SW 62 ST MIAMI, FL 33173							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE Name Street address City-St-Zip				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZP								
TITLE								
NAME								
STREET ADDRESS								
CITY-ST-ZIP			<u></u>	· · · · · · · · · · · · · · · · · · ·				
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, mit all other like empowered.								