

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000052798

1. Entity Name
AMC SURVEILLANCE CAMERA & ELECTRONICS, INC.



Principal Place of Business
**1441 NAUTILUS ISLE
DANIA BEACH, FL 33004**

Mailing Address
**1441 NAUTILUS ISLE
DANIA BEACH, FL 33004**

FILED
Mar 12, 2007 08:00 A
Secretary of State



03042007 No Chg-P GR2B034 (11/06)

4. FEI Number
20-4308200

Approved For
FOR AMENDMENT

5. Certificate of Status Desired ☐ **\$0.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLY A. GIBSON, P.A.
215 N. FEDERAL HIGHWAY
DANIA BEACH, FL 33004**

**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 certain that I will 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 registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000664545

03/22/07-20049-005 152 75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SERPE, ANTIA
1441 NAUTILUS ISLE
DANIA BEACH, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Antia Serpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/07
Date

954-931-9804
Daytime Phone #