


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2006 90018 044 ***158.75

DOCUMENT # P05000122296 1. Entity Name HI-TEK SECURITY SERVICES, INC.					
Principal Place of Business 10201 SANDYWOOD DRIVE SANFORD, FL 32771			Mailing Address 10201 SANDYWOOD DRIVE SANFORD, FL 32771		
2. Principal Place of Business 1860 Old OKEECHOBEE Rd.		3. Mailing Address 9305 Firenze DR			
Suite, Apt. #, etc. Suite 503		Suite, Apt. #, etc. 106			
City & State West Palm Bch, FL		City & State Palm Beach Gardens, FL			
Zip 33409		Country U.S.A.		Zip 33418	
Country U.S.A.		4. FEI Number 20-3422041			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DECASTRO, ELEODORO J JR. 10201 SANDYWOOD DRIVE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name ELEODORO J. DECASTRO, JR. Street Address (P.O. Box Number is Not Acceptable) 1860 Old OKEECHOBEE Rd, Suite City West Palm Beach FL Zip Code 33409		
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 <u><i>Eleodoro DeCastro - Eleodoro DeCastro - President 7/6/06</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DECASTRO, ELEODORO J JR 10201 SANDYWOOD DRIVE SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DeCastro, Eleodoro, J. Jr. #503 1860 Old Okeechobee Rd West Palm Beach FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Eleodoro DeCastro - Eleodoro DeCastro - President 7/6/06</i></u> (561) 348-0260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					