

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000122296

1. Entity Name
HI-TEK SECURITY SERVICES, INC.



Principal Place of Business
**1860 OLD OKEECHOBEE RD
STE 503
WEST PALM BEACH, FL 33409**

Mailing Address
**9305 FIRENZE DR
106
PALM BEACH GARDENS, FL 33418**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3422041

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DECASTRO, ELEODORO J JR.
1860 OLD OKEECHOBEE RD, STE 503
WEST PALM BEACH, FL 33409**

**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

Eleodoro Decastro - President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN. 5, 2007

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

000000580070
01/10/07-80032-015 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DECASTRO, ELEODORO J JR
1860 OLD OKEECHOBEE RD #503
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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:

Eleodoro Decastro - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07

DATE

561-687-8172

DAYTIME PHONE #