2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # P05000131116** 1. Entity Name SOUTHERN FLORIDA SECURITY, INC. Principal Place of Business Mailing Address 1795 SEAGRAPE WAY 1795 SEAGRAPE WAY HOLLYWOOD, FL. 33019 HOLLYWOOD, FL 33019 CR2E034 (11/05) 04012008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3549259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RICCA, JUAN A DO NOT WRITE 1500 SOUTH OCEAN DRIVE STE 2-G HOLLYWOOD, FL 33019 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees U000000889223 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RICCA, JUAN A NAME 1500 SOUTH OCEAN DRIVE STE 2-G STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME , , % STREET ADDRESS

12. I hereby certify that the information supplied with this tring 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 trusted exposure 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:

SIGNATURE AND

CITY-ST-ZiP :

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-08