2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

02-16-2007 90041 010 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000000078

1. Entity Name
ARS SECURITY & INVESTIGATION SERVICES INC.

Principal Place of Business	Mailing Address
3550 NW S. RIVER DRIVE MIAMI FL 33142	3550 NW S. RIVER DRIVE MIAMI FL 33142
2. Principal Place of Business - No P.O. Box #: 122 W 52 st	3. Mailing Address: 122 W 52 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fla	City & State: Hialeah, Fla
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 20-4023662 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SEOANE, ALBERTO
3550 NW S. RIVER DRIVE
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name: Alberto Seoane
Street Address (P.O. Box Number is Not Acceptable): 122 W 52 st
City: Hialeah FL Zip Code: 33012

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEOANE, ALBERTO 3550 NW SOUTH RIVER DRIVE MIAMI FL 33142 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 122 W 52 st Hialeah, Fla 33012
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #