

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90054 004 ***150.00

DOCUMENT # P06000048701

1. Entity Name
360 SECURITY SOLUTIONS CORPORATION



Principal Place of Business
14600 SW 74TH CT.
PALMETTO BAY, FL 33158

Mailing Address
14600 SW 74TH CT.
PALMETTO BAY, FL 33158

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222007

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0488045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORDWINKIN, NICOLAS
14600 SW 74TH CT.
PALMETTO BAY, FL 33158

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORDWINKIN, NICOLAS
STREET ADDRESS 14600 SW 74TH CT.
CITY-ST-ZIP PALMETTO BAY, FL 33158 ☐ Delete

TITLE VDST
NAME MORDWINKIN, MARTA NOA
STREET ADDRESS 14600 SW 74TH CT.
CITY-ST-ZIP PALMETTO BAY, FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas Mordwinkin

Date

Daytime Phone #

7/12/07

305-519-5602

ATTACHMENT
40124497
#P06000048701

July 9, 2007

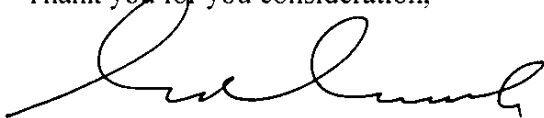
Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

Gentlemen:

Find a check for \$150.00 to cover the annual filing fee for 360 Security Solutions Corporation.

I hereby request that you waive the penalty for late filing since I never received the post card in the mail.

Thank you for your consideration,



Nicolas Mordwindin
President