

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058102

FILED
Jan 12, 2007
Secretary of State

Entity Name: HIGH TECH SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

11013 LEGACY LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

931 VILLAGE BLVD SUITE 905-248
WEST PALM BEACH, FL 33409

Current Mailing Address:

11013 LEGACY LANE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

931 VILLAGE BLVD SUITE 905-248
WEST PALM BEACH, FL 33409

FEI Number: 20-4751824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, HECTOR M
19380 COLLINS AVE
310
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, HECTOR M
Address: 19380 COLLINS AVE #310
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Delete
Name: CAMPBELL, TINA
Address: 14406 74TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: MARTINEZ, HECTOR M
Address: 19380 COLLINS AVE #310
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S () Delete
Name: CAMPBELL, TINA
Address: 14406 74TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARTINEZ, MAURICIO
Address: 11013 LEGACY LANE UNIT 202
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR MARTINEZ

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date