

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000060453

1. Entity Name

MOBILE SECURITY DEPARTMENT, INC.



FILED

2007 DEC -2 AM 10:20

SECRETARY OF STATE



Principal Place of Business

14345 S.W. 109TH COURT
MIAMI FL 33176
US

Mailing Address

14345 S.W. 109TH COURT
MIAMI FL 33176
US

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

14700 BUCKINGHAM BLVD
SUITE APT. #, etc. NOT 201
201

3. Mailing Address

SAME AS IN # 2
SUITE APT. #, etc.

City & State

MIAMI FL 33176

City & State

SAME AS IN # 2

4. FEI Number

Applied For

Not Applicable

Zip

33176

Country

DADE

Zip

SAME

Country

SAME

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTER, EUGENE
13899 BISCAYNE BLVD.
SUITE 221
NORTH MIAMI BEACH FL 33481

7. Name and Address of New Registered Agent

Name: Eugene Porter (same)
Street Address (P.O. Box Number is Not Acceptable):
13899 BISCAYNE BLVD -
SUITE 221
City: NORTH MIAMI BEACH FL Zip Code: 33481

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 board applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | DORSEY, EDDIE | |
| STREET ADDRESS | 14345 S.W. 109TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | DORSEY, LINDA | |
| STREET ADDRESS | 14345 S.W. 109TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 600109898085 | |
| STREET ADDRESS | 09/25/07--01039--010 | |
| CITY-ST-ZIP | **550.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 800112949178 | |
| STREET ADDRESS | 12/07/07--01043--011 | |
| CITY-ST-ZIP | **200.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Eddie Dorsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-27-07

786-385-0401