


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000138090		
1. Entity Name SOUTHLAND SECURITY CORP.		

Principal Place of Business 1770 WEST 38 PLACE HIALEAH, FL 33012	Mailing Address PO BOX 126356 HIALEAH, FL 33012-1605
--	--

2. Principal Place of Business - No P.O. Box # 1776 West 38 Place	3. Mailing Address 1776 West 38 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah Florida	City & State Hialeah Florida
Zip 33012	Country USA

6. Name and Address of Current Registered Agent ANDRES PEREZ, ALEXANDER 1188 N.W. 114 AVENUE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name PEREZ, ALEXANDER A. Street Address (P.O. Box Number is Not Acceptable) 1776 West 38 Place 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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDRES PEREZ, ALEXANDER 1188 N.W. 114 AVENUE CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, ALEXANDER A. 1776 West 38 Place Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600136159546 09/19/08--01045--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:  9/08/2008 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2008 SEP 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06112008 Chg-P CR2E034 (12/06)