


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90036 030 \*\*\*150.00

<b>DOCUMENT # P07000021799</b>	
1. Entity Name <b>NEW YORK SECURITY, INC.</b>	

Principal Place of Business <b>1510 SW 75 AVE MIAMI, FL 33144</b>	Mailing Address <b>1510 SW 75 AVE MIAMI, FL 33144</b>
--	--

**40067395**



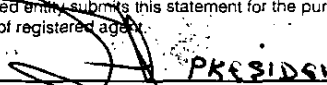
2. Principal Place of Business - No P.O. Box # <b>2607 NW 27 AVE</b>	3. Mailing Address <b>2607 NW 27 AVE</b>
Suite, Apt. #, etc. <b>1101</b>	Suite, Apt. #, etc. <b>1101</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33142</b>	Zip <b>33142</b>
Country	Country

02212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-8474677</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Additional Fee Required <b>\$8.75</b>	

6. Name and Address of Current Registered Agent <b>LOPEZ PEREZ, JUAN A 1510 SW 75 AVE MIAMI, FL 33144</b>	7. Name and Address of New Registered Agent Name <b>LOPEZ PEREZ JUAN A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2607 NW 27 AVE</b> # <b>1101</b> City <b>MIAMI</b> FL Zip Code <b>33142</b>
--	---

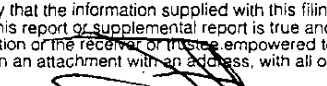
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PRESIDENT** **786)208/1405** **02/29/2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P LOPEZ-PEREZ, JUAN A 1510 SW 75 AVE MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOPEZ PEREZ JUAN A 2607 NW 27 AVE #1101 MIAMI, FL 33142</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MORALES, FERNANDO 1510 SW 75 AVE MIAMI, FL 33144</b> <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
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:  **PRESIDENT** **786)208/1405** **02/29/2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #