


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90119 021 \*\*\*158.75

<b>DOCUMENT # P07000119468</b>																							
<b>1. Entity Name</b> BBZ SECURITY, INC.																							
<b>Principal Place of Business</b> 747 SOUTHWEST PEBBLE LANE PALM CITY FL 34990		<b>Mailing Address</b> 747 SOUTHWEST PEBBLE LANE PALM CITY FL 34990																					
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.																					
City & State		City & State																					
Zip		Zip																					
Country		Country																					
34991		34991																					
USA		USA																					
<b>4. FEI Number</b> 65-1034848		Applied For Not Applicable																					
<b>5. Certificate of Status Desired</b>		\$8.75 Additional Fee Required																					
<b>6. Name and Address of Current Registered Agent</b> MUCHNICK, SANFORD L ESQ. 3864 SHERIDAN STREET HOLLYWOOD FL 33021		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
<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.</b> SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent's signature required when transferring) DATE:																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																					
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>																							
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/10/08 (561) 722-2425 Date Daytime Phone																					