

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000052219

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COBRA STRIKE SECURITY, INC

**Current Principal Place of Business:**

1035 COVE LN  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

1035 COVE LN  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 26-2587615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CURBELO, SAMMY  
1035 COVE LN  
WINTER HAVEN, FL 33880 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CURBELO, SAMMY  
Address: 709 CAPE CORAL PKWY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: VPST  
Name: CURBELO, SAMMY  
Address: 709 CAPE CORAL PKWY WEST  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: SAMMY CURBELO

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date