

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056625

Entity Name: ALL SECURITY SOLUTION, INC

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

**Current Principal Place of Business:**

10100 SW 17 CT  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10100 SW 17 CT  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 80-0621432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTILLO, MERLYN  
10100 SW 17 CT  
DAVIE, FL 33324 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: P  
Name: CASTILLO, MERLYN  
Address: 10100 SW 17 CT  
City-St-Zip: DAVIE, FL 33324

Title: S  
Name: DELUNA, KEART R  
Address: 10100 SW 17 CT  
City-St-Zip: DAVIE, FL 33324

Title: T  
Name: CASANOVA, LUIS  
Address: 10100 SW 17 CT  
City-St-Zip: DAVIE, FL 33324

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: MERLYN CASTILLO

P

04/30/2012

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

\_\_\_\_\_  
Date