

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000059070

**FILED**  
**Nov 12, 2014**  
**Secretary of State**

**Entity Name:** ALL EYE SECURITY SERVICES, CORP

**Current Principal Place of Business:**

4500 NW 107 AVE #102  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4500 NW 107 AVE #102  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REZENDE, VIVIAN  
4500 NW 107 AVE #102  
DORAL, FL 33178 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: VIVIAN REZENDE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REZENDE, VIVIAN  
Address: 4500 NW 107 AVE #102  
City-St-Zip: DORAL, FL 33178

Title: VD  
Name: MARQUEZ MARTINEZ, ALFREDO  
Address: 4500 NW 107 AVE #102  
City-St-Zip: DORAL, FL 33178

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: VIVIAN REZENDE

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

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11/12/2014

\_\_\_\_\_  
Date