

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90031 030 ***150.00

DOCUMENT # P95000032641 1. Entity Name CONTROL ELECTRONIC SECURITY, INC.					
Principal Place of Business 8245 N.W. 36TH STREET #6 MIAMI, FL 33166 US			Mailing Address 8245 N.W. 36TH STREET #6 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 8209 N. PINE ISLAND RD Suite, Apt. #, etc. 196		3. Mailing Address 8209 N. PINE ISLAND RD Suite, Apt. #, etc. 196		40057993 	
City & State TAMARAC		City & State TAMARAC FL		4. FEI Number 65-0583213	
Zip 33321 Country USA		Zip 33321 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERMAN, MICHAEL G 8245 N.W. 36TH STREET #6 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name MICHAEL G SILVERMAN Street Address (P.O. Box Number is Not Acceptable) 8209 N. PINE ISLAND RD #196 City TAMARAC, FL Zip Code 33321	
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 <u><i>Michael Silverman</i></u> DATE <u><i>4-9-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD SILVERMAN, MARGARET 8245 N.W. 36TH STREET #6 MIAMI, FL 33166	<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	VPD SILVERMAN, MICHAEL 8245 N.W. 36TH STREET #6 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Michael Silverman VP</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4-9-07 786-367-6096</i></u> <small>Date Daytime Phone #</small>		