## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000090253

Entity Name: TOTAL ENTRY CONTROL SYSTEMS, INC.

FILED Jan 22, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9000 SHERIDAN STREET SUITE 170

PEMBROKE PINES, FL 33024 US

**New Mailing Address: Current Mailing Address:** 

9000 SHERIDAN STREET SUITE 170

PEMBROKE PINES, FL 33024 US

FEI Number: 65-0626403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANGULO, TRACY K V.P ANGULO, TRACY K 9000 SHÉRIDAN STREET 9000 SHERIDAN STREET SUITE 170 SUITE 170

PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33024 US

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: TRACY K ANGULO 01/22/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ANGULO, JORGE A P ANGULO, JORGE A Name: Name:

9000 SHERIDAN STREET SUITE 170 9000 SHERIDAN STREET SUITE 170 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete

Name: ANGULO, TRACY K V.P. Name: ANGULO, TRACY K

9000 SHERIDAN STREET SUITE 170 Address: 9000 SHERIDAN STREET SUITE 170 Address: PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACY K ANGULO MRS 01/22/2008