

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 049 ***150.00

DOCUMENT # P96000045687

1. Entity Name
CRIME GUARD SECURITY SYSTEMS, INC.



Principal Place of Business
~~10 FAIRWAY DR, STE 134~~
~~DEERFIELD BEACH, FL 33447~~ US

Mailing Address
5970 SW 18TH ST
SUITE 301
BOCA RATON, FL 33433 US



2. Principal Place of Business
5970 SW 18TH ST
Suite, Apt. #, etc.
301

3. Mailing Address
Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
BOCA RATON FL

City & State

4. FEI Number
65-0692894
Applied For
Not Applicable

Zip
33433
Country
USA

Zip
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NADLER, FYLLIS
1598 S.W. 21ST LANE
BOCA RATON, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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
P
NADLER, DON
1598 SW 21 LANE
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KERRY, GENE
5970 SW 18TH STREET #301
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NADLER, MARSHALL
1598 SW 21 LANE
BOCA RATON, FL 33486 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/06

561
213-7302