


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000047455</b> 1. Entity Name <b>SYSTEM OF SECURITY SERVICE INC.</b>	
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Principal Place of Business <b>15122 S.W. 149TH COURT MIAMI, FL 33196</b>	Mailing Address <b>15122 S.W. 149TH COURT MIAMI, FL 33196</b>
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0669286</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FERNANDEZ, MAURIEL  
15122 S.W. 149TH COURT  
MIAMI, FL 33196**

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IN THIS SPACE**

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 *Mauriel Fernandez* *Mauriel Fernandez* *2/22/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing statement) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000649010 03/07/07-80032-012 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MAURIEL 15122 S.W. 149TH ST. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, MANUEL 15122 S.W. 149TH CT. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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]***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_