

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90115 040 ***150.00

DOCUMENT # P96000095888

1. Entity Name
MIAMI SECURITY SUPPLY, INC.



Principal Place of Business

2123 SW 27 AVE
MIAMI, FL 33145 US

Mailing Address

2123 SW 27 AVE
MIAMI, FL 33145 US

50026261



2. Principal Place of Business

2131 S.W. 27TH AVE

3. Mailing Address

2131 S.W. 27TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222005

Chg-P

CR2E034 (10/03)

City, State
Miami, Florida.

City, State
Miami, Florida.

4. FEI Number
65-0733215

Applied For
Not Applicable

Zip
33145

Country
U.S.A.

Zip
33145

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICARDO, LUIS
3009 SW 24 ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPT
RICARDO, LUIS ☐ Delete
3009 SW 24 ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVS
MONTALVO, ADRIANA ☐ Delete
3009 SW 24 ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

[Signature] **3/8/05.**