

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90172 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000001399**

1. Corporation Name  
**NELSY'S SECURITY SERVICE, INC.**

## Principal Place of Business

3791 SW 68 AVENUE  
 MIAMI FL 33155

## Mailing Address

3791 SW 68 AVENUE  
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

01/07/1997

## 4. FEI Number

65-0717109

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

## 6. Election Campaign Financing

☐ \$5.00 May Be  
 Added to Fees

## 8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

## 2. Principal Place of Business

21

Suite, Apt. #, etc.

22  
 City & State

23  
 Zip Country

24

## 2a. Mailing Address

26

Suite, Apt. #, etc.

27  
 City & State

28  
 Zip Country

29

## 9. Name and Address of Current Registered Agent

**LEON, NOELIO**  
**3791 SW 68 AVENUE**  
**MIAMI FL 33155**

## 10. Name and Address of New Registered Agent

81 Name **LEON NOELIO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3791 SW 68 AVE.**  
 83 **MIAMI FL.**  
 84 City **FL** 85 Zip Code **33155**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

## 12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
 NAME **LEON, NOELIO**  
 STREET ADDRESS **4388 SW 74TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

**Noelio Leon**  
**President**

4-29-99 (305) 669-1400  
 Date Daytime Phone

CR2E034 (1/98)