2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068467

MARTINEZ, DORYS M

15825 SW 138TH TER

MIAMI, FL 33196

Name:

Address:

City-St-Zip:

Entity Name: METRO DADE SECURITY SYSTEM INC

FILED Apr 17, 2008 Secretary of State

Littly Nai	ile. WILTR	O DADE SECORITI 313	I LIVI, IINO.					
Current Principal Place of Business:				New Principal Place of Business:				
13816 SW UNIT 31 MIAMI, FL	142 AVEN 33186	UE						
Current Mailing Address:				New Mailing Address:				
P.O.BOX 771046 MIAMI, FL 33177				13816 SW 142 AVENUE UNIT 31 MIAMI, FL 33186				
FEI Number:	65-0772499	FEI Number Applied For	r () FEI Numb	ber Not Appli	cable ()	Certifica	ate of Status Desi	red (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	Z, ROBERT 138TH TEI 33196 U							
	named ent e of Florida.	ity submits this statement f	or the purpose of	changing its	s registered	office or r	egistered agen	t, or both,
SIGNATUR	RE:							
	Elec	tronic Signature of Registe	red Agent	Date				
Election Car	npaign Finan	cing Trust Fund Contribution	().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P MARTINEZ 15825 SW MIAMI, FL		1	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	T QUINTEIRO 740 NW 25 MIAMI, FL	TH AVENUE APT 314	1	Title: Name: Address: City-St-Zip:	S (CABELLO, LU 18022 SW 14 MIAMI, FL 33	JIS 4 CT	() Addition	
Title: Name: Address: City-St-Zip:	S CABELLO, 18022 SW MIAMI, FL	144 CT	1	Title: Name: Address: City-St-Zip:	F (MARTINEZ, D 1525 NW 19 MIAMI, FL 33	ORYS TER APT 4	()Addition	
Title:	F	(X) Delete	٦	Title:	() Change	() Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DORYS MARTINEZ CFO 04/17/2008