

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90055 028 ***158.75

DOCUMENT # P98000057349

1. Entity Name
PIJUAN VIDEO SECURITY INC.



Principal Place of Business

2699 COLLINS AVE
STE 158
MIAMI BEACH, FL 33140 US

Mailing Address

2699 COLLINS AVE
STE 158
MIAMI BEACH, FL 33140 US

50063123



2. Principal Place of Business

2699 COLLINS AVE

3. Mailing Address

The Same.

08162005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

158

Suite, Apt. #, etc.

4. FEI Number

65-0844434

Applied For

Not Applicable

City & State

MIAMI BEACH, FL.

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33140

Country

U.S.

Zip

Country

6. Name and Address of Current Registered Agent

PIJUAN, JOAQUIN
2699 COLLINS AVE., STE. 158
MIAMI BEACH, FL 33140

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

Joaquin Pijuan

(NOTE: Registered Agent signature required when reinstating)

8/22/05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME PIJUAN, JOAQUIN
STREET ADDRESS 2699 COLLINS AVE., STE. 158
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D ☐ Delete
NAME PIJUAN, JUAQUIN
STREET ADDRESS 2699 COLLINS AVE., STE. 158
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

Joaquin Pijuan JOAQUIN PIJUAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05 305 962-5767

Date

Daytime Phone #