


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000060523	
1. Entity Name SECURITY CONTROL CORP.	

Principal Place of Business 10458 N.W. 130 STREET HIALEAH GARDENS, FL 33018	Mailing Address 10458 N.W. 130 STREET HIALEAH GARDENS, FL 33018
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FET Number 65-0851940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ, LAZARO 10458 NW 130 STREET HIALEAH, FL 33018	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PV	NAME SANCHEZ, LAZARO O
STREET ADDRESS 10458 N.W. 130 STREET	CITY-ST-ZIP HIALEAH GARDENS, FL 33018
TITLE ST	NAME SANCHEZ, PAULA E
STREET ADDRESS 10458 N.W. 130 STREET	CITY-ST-ZIP HIALEAH GARDENS, FL 33018
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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04/15/05-80083-011 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-12-05** **305-607 7153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #