

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 012 ***150.00

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1. Entity Name
TOP SECURITY SYSTEMS, INC.



Principal Place of Business
3015 GRAN AVE
COCONUT GROVE, FL 33133-5144

Mailing Address
PO BOX 278526
MIRAMAR, FL 33027

40051165



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03192008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0908052 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZULOAGA, HENRY
11300 S.W. 13 STREET
APT. 102
PEMBROKE PINES, FL 33025

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ZULOAGA, ANA
STREET ADDRESS 11300 S.W. 13 STREET, APT. 102
CITY-ST-ZIP PEMBROKE PINES, FL 33025

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

TITLE D ☐ Delete
NAME ZULOAGA, MARIA
STREET ADDRESS 614 SW, 106 AV
CITY-ST-ZIP PEMBROKE PINES, FL 33025

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

TITLE V ☒ Delete
NAME ZULOAGA, FABIANA
STREET ADDRESS 614 SW, 106 AV
CITY-ST-ZIP PEMBROKE PINES, FL 33025

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

TITLE D ☐ Delete
NAME ZULOAGA, RYNA
STREET ADDRESS 11300 S.W. 13 STREET, APT. 102
CITY-ST-ZIP PEMBROKE PINES, FL 33025

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **HENRY ZULOAGA**
STREET ADDRESS **11300 SW 13 ST APT 102**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

786-262-7836

Date

Daytime Phone #