FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90023 009 ***150.00

DOCUMENT # P99000028914

1. Entity Name: Responsible Security INC.

DO NOT WRITE IN THIS SPACE

54034043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1871 NW 42nd Tre.	1817 NW 42nd Tr.
Suite, Apt. #, etc.: E410	Suite, Apt. #, etc.: E 410
City & State: Lauderhill FL	City & State: Lauderhill FL
Zip: 33313 County: Ft. Lauderdale	Zip: 33313 County: Ft. Lauderdale

4. FEI Number: 65-0907865-42012 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Resto Cyrus

Street Address (P.O. Box Number is Not Acceptable): 1871 NW. 42nd Tre. #E 410

City: Lauderhill FL Zip Code: 33313

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: Resto Cyrus DATE: 4-14-4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1871 NW. 42nd TRR. #E410 Lauderhill FL 33313 Resto Cyrus President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nasue Cyrus Bois 1210 NE 110 ST. APT#4 2070 Alcaza DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guerino Cyrus 2070 Alcaza DR Miami FL, 33023
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Resto Cyrus RESTO CYRUS 4/14/04 (954)588-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #