### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P99000028914

1. Entity Name

RESPONSIBLE SECURITY, INC.



Principal Place of Business

2271 N.W. 48TH TERR

107

LAUDERHILL, FL 33313

Mailing Address

2271 N.W. 48TH TERR

107

LAUDERHILL, FL 33313



04-04-2006 90144 011 \*\*\*150.00



01232006 No Chg-P CR2E034 (11/05)

### DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0907865

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CYRUS, RESTO 3271 NW 42 Teyr 107 LAUDERHILL, FL 33313

## DO NOT WRITE IN THIS SPACE

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. the obligations of registered agent.	I am familiar with, and accept
no congulation of register, or 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, 2006 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	· OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CYRUS, RESTO 337/NW 447err LAUDERHILL, FL 33313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BOIS CYRUS, JOSUE 1210 NE 110 ST APT 4 MIAMI, FL 33161		
TITLE NAME STREET ADORESS CITY-ST-ZIP	AM CYRUS, GUERINO 2070 ALCAZA DR MIAMI, FL 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-7/P	•		

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 it 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:

SNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-06-1954/588-018

Daytime Pho