## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000090181**

1. Entity Name

A A SECURITY INVESTIGATIONS SERVICES, INC.



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

18565 SW 104 AVENUE MIAMI, FL 33157

**SIGNATURE** 

Mailing Address

18565 SW 104 AVENUE MIAMI, FL 33157



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0953876

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

OJEDA-JOHNSON, LUCIA 12100 SW 182 TERRACE MIAMI, FL 33177

## DO NOT WRITE IN THIS SPACE

8. The above named shifty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of edistered agent.  SIGNATURE  SIGNATURE						
0/0/1/10/124	Signature, typed or printed name of registered agent and title	l applicable, (NOTE, Registere	Agent signatur	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	<b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA-THOMPSON, LUCIA 12100 SW 182 TERR MIAMI, FL 33177					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/02/06-80111-003 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS. CITY-ST-ZIP					• •	
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 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 attachapth with an address, with all other like empowered.						