


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000092712

1. Entity Name
EDF SECURITY ENTERPRISES INC.



Principal Place of Business Mailing Address

3846 SW 143RD PL 3846 SW 143RD PL
 MIAMI, FL 33175 MIAMI, FL 33175



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applying For

65-0978739 Not Applicable

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

6. Name and Address of Current Registered Agent

DE FALCO, ELIU
 3846 SW 143RD PL
 MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$650.00

U00000955607
 02/27/08 20057 001 150.75

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	DE FALCO, ELIU
STREET ADDRESS	3846 SW 143RD PL
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	VD
NAME	DE FALCO, MIRIAM
STREET ADDRESS	3846 SW 143RD PL
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 affidavit with all other like empowered.

SIGNATURE:  Date: 4/6/08

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

STATE OF FLORIDA
 SECRETARY OF STATE
 1900 BANKERS BUILDING
 TALLAHASSEE, FLORIDA 32399-0400
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