

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # S12809

1. Entity Name
TUNJOS SECURITY SERVICES, INC.



Principal Place of Business
**610 NW 183RD ST 208
MIAMI, FL 33069 US**

Mailing Address
**P.O. BOX 1183
OPALOCKA, FL 33054 US**



07272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0227441	Applied For Not Applicable
5. Certificate of Status Desired A \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOSHUA, PATIENCE O.
3310 NW 178TH STREET
MIAMI, FL 33056**

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSHUA, PATIENCE O.
STREET ADDRESS	3310 NW 178TH STREET
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

1000000771571
08/07/07-80007-015 158.75

**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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #