

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15694

FILED
Mar 13, 2009
Secretary of State

Entity Name: FERNANDEZ SECURITY SYSTEMS, INC.

Current Principal Place of Business:

15841 S.W. 61 STREET
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15841 S.W. 61 STREET
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-0243137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, RICHARD J
2701 S.W. 3 AVE.
MIAMI, FL 331292335 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FERNANDEZ, SERAFIN
Address: 15841 S.W. 61 STREET
City-St-Zip: DAVIE, FL 33331

Title: VT () Delete
Name: FERNANDEZ, WILLIAM
Address: 8332 N.W. 144 ST
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: GARCIA, CARLOS
Address: 15924 NW 61 CT
City-St-Zip: DAVIE, FL 33331

Title: AVP () Delete
Name: FERNANDEZ, SERAFIN JR
Address: 1073 NW 183 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: FERNANDEZ, WILLIAM
Address: 20261 N.W. 10 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERAFIN FERNANDEZ

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date