

2-17-95 B-1308-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3: 25

DOCUMENT # S37470 (9)
1. Corporation Name
STERLING HEIGHTS PROTECTION AGENCY INC.

Principal Place of Business Mailing Address
1065 NE 125TH ST.
STE. 209
NORTH MIAMI FL 33161
US
1065 NE 125 ST.
STE. 209
N. MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/11/1991	08/08/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0256373	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	☐
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZILBERMAN, JAFFA
10250 COLLINS AVE
APT. 401
BAL HARBOUR FL 33154

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jaffa Zilberman

JAFFA ZILBERMAN

2-13-95

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	☐ Change ☐ Addition
NAME	ZILBERMAN, JAFFA	1.2 NAME	
STREET ADDRESS	10250 COLLINS AVE., APT. 401	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	ZILBERMAN, DAVID
STREET ADDRESS		2.3 STREET ADDRESS	10250 COLLINS AVE APT. 401
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

David Zilberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ZILBERMAN

1-12-95

305-899-1139

DATE

TELEPHONE