

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63634

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: TWENTIETH CENTURY LOCKS, INC.

**Current Principal Place of Business:**

841 LINCOLN RD  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

841 LINCOLN RD  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-0274346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSSZ FIU CORPORATION  
201 S. BISCAYNE BLVD. STE 850  
MIAMI, FL 33131 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: P ( ) Delete  
Name: MALLON, NIKKI,  
Address: 3415 PRAIRIE AVE  
City-St-Zip: MIAMI BCH., FL 33140

Title: AS (X) Delete  
Name: CHEEZEM, JAN C  
Address: 201 S. BISCAYNE BLVD. STE 850  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NIKKI MALLON

P

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date