


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 025 ***158.75

DOCUMENT # S93111 1. Entity Name GOLDEN SECURITY GUARDS, INC.					
Principal Place of Business 1421 SW 7TH ST #11 MIAMI, FL 33135 US		Mailing Address 1421 SW 7TH ST #11 MIAMI, FL 33135 US			
2. Principal Place of Business - No P.O. Box # 752 NW 22th AVENUE # 3		3. Mailing Address 752 NW 22th AVENUE # 3			
Suite, Apt. #, etc. # 3		Suite, Apt. #, etc. # 3			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33125		Country MIAMI-DADE		Zip 33125	
Country MIAMI-DADE		4. FEI Number 65-0297327			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CASTRILLO, SOCRATES 1421 SW 7TH ST STE #11 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name CASTRILLO, SOCRATES Street Address (P.O. Box Number is Not Acceptable) 752 NW 22th AVENUE, STE # 3 City MIAMI FL Zip Code 33125		
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 <u><i>S. Castriello</i></u> DATE 04/22/2008 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 1421 SW 7TH ST #11 MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLO, SOCRATES 752 NW 22th AVENUE, #3 MIAMI, FL 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTRILLO, SOCRATES J. 9821 SW 159TH STREET MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>S. Castriello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/22/08</u> <u>(305) 223-2670</u> <small>Date Daytime Phone #</small>		

40



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