

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 013 ***150.00

DOCUMENT # V30024	
1. Entity Name AMERICAN KNIGHTS SECURITY, INC.	

Principal Place of Business 16201 SW 95 AVE 103 MIAMI FL 33157 US	Mailing Address P.O. BOX 571062 MIAMI FL 33257-1062 US
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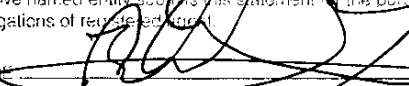
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 65-0324371	Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent ABU-BAKER, ABDEL 27820 SW 174TH AVE HOMESTEAD FL 33031	
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7. Name and Address of New Registered Agent Name Abe Baker Street Address (P.O. Box Number is Not Acceptable) 27820 S.W. 174 AVE City Homestead FL Zip Code 33031	
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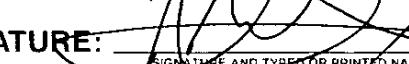
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Abe Baker President 1/25/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, ABE 27820 SW 174TH AVE HOMESTEAD FL 33031 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTINEZ, ISABEL 19755 SW 304 STREET HOMESTEAD FL 33030 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAATS, MICHAEL C. 20958 NORTH 55TH AVE GLENDALE AZ 85308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, ELENA G 27820 SW 174TH AVE HOMESTEAD FL 33031 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	Abe Baker President 1/25/08
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