


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90071 031 \*\*\*150.00

EPDVNF0U!\$V37353  
 2/ Entity Name  
 A.V.S. SECURITY SYSTEMS, INC.



Principal Place of Business Mailing Address  
~~6886 OBCEPXTXZ~~ ~~6886 OBCEPXTXZ~~  
~~GINAESEBNIQ4441:!!!!VT~~ ~~GINAESEBNIQ4441:!!!!VT~~

3/ Principal Place of Business - No P.O. Box # 4/ Mailing Address  
 3880 SHERIDAN ST. 3880 SHERIDAN ST.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 HOLLYWOOD HOLLYWOOD

City & State City & State  
 FLORIDA FLORIDA  
 Zip Country Zip Country  
 33021 USA 33021 USA

7/ Obn f !boe!Beef t ! lpgDvsef ouSf hjt d f e!Bhf ou  
 NEWMAN, ROBERT JOHN KASBAR  
 5775 N ANDREWS WY 3880 SHERIDAN ST.  
 FT LAUDERDALE, FL 33309 HOLLYWOOD, FL  
 33021  
 Name JOHN KASBAR  
 Street Address (P.O. Box Number is Not Acceptable) 3880 SHERIDAN ST.  
 City HOLLYWOOD GM Zip Code 33021

9/ 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 *John A. Newman* DATE 3/14/07  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  
 : / Election Campaign Financing Trust Fund Contribution.  %6/11 Nbz!G! Beef elp!G! t t

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT NEWMAN 5775 N ANDREWS WY FT LAUDERDALE, FL 33309 <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	TD JAMES PASQUARELLO 5775 N ANDREWS WY FT LAUDERDALE, FL 33309 <input checked="" 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	SD ROGER NEWMAN 1211 MEADOWBROOK ROAD N.E. PALM BAY, FL <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
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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

23/ 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.

T.J.HOBUSF; *Robert Newman* 3/12/07 305 525-7811  
 T.J.HOBUSF!BOE!UZQFE!PS!QS!JUFEB!OBNF!P!GT!HOJHP!OGD!F!P!S!E!B!D!U!P!S  
 Date Daytime Phone #



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