2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 AM

						CCP	etary of Sta	
1. Entity Nam	MENT # V50554 RNATIONAL SECURITY SYS			Secretary of Sta				
1550 LENAP	ce of Business PE DRIVE NGS, FL 33166	Mailing Address 1550 LENAPE DRIVE MIAMI SPRINGS, FL 33166						
				01192007	01192007 No Chg-P CR2E034 (11/05)			
L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For Not Applicable	
				5. Certificate	of Status Desired	X	\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent								
CARRERA, FERNANDO 1550 LENAPE DRIVE MIAMI SPRINGS, FL 33166			DO NOT WRITE IN THIS SPACE					
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 Signature, typed or printed name of registered agent and title if apphicable. (NOTE, Registered A				ired when reinstating}		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.	\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
10.	OFFICERS AND DIF	RECTORS			<u> </u>			
TITLE NAME	VTD CARRERA, FERNANDO		l					
STREET ADDRESS	1550 LENAPE DRIVE	I	•					
CITY-ST-ZIP	MIAMI SPRINGS, FL			000000601050 01/26/07-80035-019 158.75				
TITLE			1		01/26/07	'-8003	5-019 158.75	
NAME			1					
STREET ADDRESS CITY-ST-ZIP	•						ļ	
DILE			-					
NAME								
STREET ADDRESS			Į.	DO	NOT W	OIT	_	
CITY-ST-ZIP			1	υÜ	NOT W	KII	C	

TITLE STREET ADDRESS

12. I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver of the changed, or on an attachment with an plies with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 appropriate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P

CARRERA
ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE