I hereby 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 all other like empowered.

Ρ

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000033948

Entity Name: AUTOMATED SECURITY SYSTEMS & TECHNOLOGY INC

Current Principal Place of Business:

20 WEST 49 STREET SUITE B HIALEAH, FL 33012

Current Mailing Address:

20 WEST 49 STREET SUITE B HIALEAH, FL 33012

С

Officer/Director Detail : Title Р Title N A

FEI Number: 45-5020287 Certificate of Status Desired: No Name and Address of Current Registered Agent: COWART, LON 20 WEST 49 STREET SUITE B HIALEAH, FL 33012 US 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

litle	P	litle	VP
Name	SMITH, CATHERINE A	Name	COWART, LON
Address	14350 SW 157 STREET	Address	16450 SW 264 STREET
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33031

FILED Apr 08, 2014 Secretary of State CC7566017158

Date

04/08/2014 Date