

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164745

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: COASTAL VIDEO SECURITY, INC.

**Current Principal Place of Business:**

119 NE RACETRACK RD  
SUITE A  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

119 NE RACETRACK RD  
SUITE A  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 83-0442445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAVAREZ, AMABLE  
130 SCRANTON ST  
FORT WALTON BEACH, FL 32547      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: TAVAREZ, AMABLE  
Address: 130 SCRANTON ST  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMABLE TAVAREZ

P

01/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date