

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90340 034 ***138.75

DOCUMENT # L06000088967

1. Entity Name
INTERNATIONAL SECURITY & SAFETY GROUP LLC



Principal Place of Business Mailing Address
 1580 N.W. 2ND AVENUE 1580 N.W. 2ND AVENUE
 SUITE 9 SUITE 9
 BOCA RATON, FL 33432 BOCA RATON, FL 33432


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60013703



03072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

DRUMMOND, MICHAEL
 285 S.E. 10TH STREET
 UNIT A6
 DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
MATTHEW J. COHEN

Street Address (P.O. Box Number is Not Acceptable)
1580 N.W. 2ND AVE

SUITE # 9

City
BOCA RATON **FL** Zip Code
33432

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 *MJC* DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	INTERNATIONAL SECURITY & SAFETY HLDNG CORP	
STREET ADDRESS	1580 N.W. 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<i>CORPORATION</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTERNATIONAL SAFETY CORP.	
STREET ADDRESS	9148 BONITA SPRINGS ROAD # 200	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *MJC* *PRESIDENT* Date: *3-7-2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #