2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 SEP 15 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074221

1. Entity Name
FLORIDA SECURITY & PROTECTION INSTITUTE, INC.

Principal Place of Business	Mailing Address
2820 SW 117 COURT MIAMI, FL 33175	2820 SW 117 COURT MIAMI, FL 33175

07312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1127043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOIMEADIOS, PEDRO L 2820 SW 117 COURT MIAMI, FL 33175	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOIMEADIOS, PEDRO L 2820 SW 117 COURT MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300079940613 09/19/06--01017--017 **158.75	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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.

SIGNATURE [signature] 04/01/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 9/15

August 6, 2006

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314.

Reference letter number 606A00047904

I am the owner of FLORIDA SECURITY & PROTECTION INSTITUTE, INC. located at 2820 SW 117 Court, Miami, Florida 33175.

I previously sent you my annual report with a check for $158.95 to pay for the corporate documents.

I am sending you this letter after receiving a letter from you and returning the letter, application and check that I submitted to you several months ago.

Unfortunately, I did not receive the original documents that were sent to the company by the state of Florida.

Please check your records to indicate the correct address which I am providing in this letter.

I need to conduct business, and would like to have my company in good standing.
If you have any questions, please write, or call 305-559-5926.

Thanks for your help

Pedro Doimeadios