

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 043 ***150.00

DOCUMENT # P04000087563					
1. Entity Name SECURE INTERNATIONAL CORPORATION					
Principal Place of Business 5906 NW 15TH CT. SUNRISE, FL 33313-4737			Mailing Address 5906 NW 15TH CT. SUNRISE, FL 33313-4737		
2. Principal Place of Business 221 NE 33rd Street		3. Mailing Address 221 NE 33rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05262005 Chg-P CR2E034 (10/03)	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK FLORIDA		4. FEI Number 20-219623	
Zip 33334		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAHAL, DEVINDRA 5906 NW 15TH CT. SUNRISE, FL 33313-4737			7. Name and Address of New Registered Agent Name: DEVINDRA BAHAL Street Address (P.O. Box Number is Not Acceptable): 221 NE 33rd Street City: OAKLAND PARK FL Zip Code: 33334		
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: 27th May 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BAHAL, DEVINDRA STREET ADDRESS 5906 NW 15TH CT. CITY-ST-ZIP SUNRISE, FL 333134737	<input type="checkbox"/> Delete		TITLE Pres. NAME BAHAL, DEVINDRA STREET ADDRESS 161 NE 38th Street CITY-ST-ZIP FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HARRIPARSAD, LOMAS STREET ADDRESS 5906 NW 15TH CT. CITY-ST-ZIP SUNRISE, FL 333134737	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME SAMAROO, ANDREA STREET ADDRESS 5906 NW 15TH CT. CITY-ST-ZIP SUNRISE, FL 333134737	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BAHAL, DEVANAND STREET ADDRESS 5906 NW 15TH CT. CITY-ST-ZIP SUNRISE, FL 333134737	<input type="checkbox"/> Delete CORRECTION		TITLE NAME BAHAL, DEVANAND STREET ADDRESS 5906 NW 15th COURT. CITY-ST-ZIP SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			27-05-05 954 913 3015		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		