

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000088210 (5)**

1. Corporation Name  
**PROFESSIONAL SECURITY ACADEMY INC.**



Principal Place of Business <b>2390 NW 7TH ST. SUITE 203 MIAMI FL 33149</b>	Mailing Address <b>2390 NW 7TH ST. SUITE 203 MIAMI FL 33125-3227</b>
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3. Date Incorporated or Qualified <b>10/24/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BORRERO, DEREK  
1035 W AVE, APT 405  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name <b>Derek Borrero</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>2390 NW 7th St</b>
83. Suite <b>Suite 203</b>
84. City <b>miami</b>
85. Zip Code <b>FL 33125</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>BORRERO, DEREK</b>	
STREET ADDRESS	<b>1035 W AVE, APT 405TE 203</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BORRERO, DEREK</b>	
STREET ADDRESS	<b>2390 NW 7TH ST, SUITE 203</b>	
CITY - ST - ZIP	<b>MIAMI FL 33149</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTILLO, JESSICA L</b>	
STREET ADDRESS	<b>1035 W AVE, APT 405</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Vice President/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jessica Castillo</b>	
1.3 STREET ADDRESS	<b>2390 NW 7th St #203</b>	
1.4 CITY - ST - ZIP	<b>miami, FL 33125</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jessica Castillo</b>	
3.3 STREET ADDRESS	<b>2390 NW 7th St #203</b>	
3.4 CITY - ST - ZIP	<b>miami FL 33125</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Jessica Castillo** 4/30/97 (305) 631-0193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)