2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000075974 1. Entity Name SECKL AM II: 09 ALLAHAGELE SIATI SEGURIDAD ELECTRONICA TRADING CORPORATION Principal Place of Business Mailing Address 2950 WEST 84TH ST. 2950 WEST 84TH ST. HIALEAR, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 09082005 Chg-P Applied For City & State City & State 4. FE! Number 52-2367063 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Adda J3164CF BANDA, DANIEL G Street Address (P.O Box Number is Not Acceptable) # 4 4370 FOXTAIL LANE WESTON, FL 33331 Zio Code HIALEAH 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 of registered agent the obligatio SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΠ Change ☐ Addition Delete TITLE TITLE BANDA DANIEL G. BANDA, DANIEL G NAME NAME 2950 W 34th 55 4370 FOXTAIL LANE STREET ADDRESS STREET ADDRESS HIALEAH, FL 33018 CITY-ST-7IE CITY-ST-782 WESTON, FL 33331 ☐ Delete Change ☐ Addition TITLE TITLE GRACIS, ADRIANA 2950 W 844 55. NAME GRACIS, ADRIANA NAME 4370 FOXTAIL LANE STREET ADDRESS STREET ADDRESS E 33018 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33331 HIALEAH. TITLE SD ☐ Delete TITLE 29 Change ☐ Addition DIERRICO, VIRGINIA 2950 W 844. ST NAME NAME D'ERRICO, VIRGINIA STREET ADDRESS STREET ADDRESS 4370 FOXTAIL LANE CITY-ST-7IP HIALEAH, FL 33018 CITY-ST-ZIP WESTON, FL 33331 TITLE ☐ Addition Delete 900050059259:Change 09/29/05--01071--016 **61.25 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted 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 attacht ent with an addres with all other ike empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR