2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 17, 2007 8:00 am **Secretary of State** DOCUMENT # P96000055425 01-17-2007 90049 038 ***150.00 1. Entity Name CORREA SECURITY SERVICES, INC. Principal Place of Business Mailing Address **60002087** PO BOX 650823 8520 SW 40 ST. MIAMI, FL 33155 MIAMI, FL 33265 No Chg-P 01042007 CR2E034 (11/05) . DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0687224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent CORREA, LUIS DEL TRAWS TO DO NOT WRITE 12865 SW 49 TERRACE MIAMI, FL 33175 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CORREA, LUIS DEL TRANSITO NAME 8520 SOUTHWEST 40TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with his filing coes 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 truetee appears in Block 10 or Block 11 if Lother like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #