2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000075974 **DOCUMENT #** 1. Entity Name SEGURIDAD ELECTRONICA TRADING CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90138 048 ***150.00

Principal Place of Business 4370 FOXTAIL LANE WESTON FL 33331		Mailing Address 4370 FOXTAIL LANE WESTON FL 33331		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 52 - 236 7063 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	L Registered Agent		7. Name and Address of New Registered Agent
BANDA, DANIEL G 4370 FOXTAIL LANE			Name Street Addre	ss (P.O. Box Number is Not Acceptable)
WESTON FL 33331			Oit.	— 1.75 Oct
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	PD Banda, Daniel G 4370 Foxtail Lane Weston Fl 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS	TD Lopez, Guillermo e 4370 Foxtail Lane Weston Fl 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS	SD MARTOCCIA, ENZO A 4370 FOXTAIL LANE WESTON FL 33331	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	****	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 impowered 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 otherwise empowered.

SIGNATURE:

REPRESIDENT

Daytime Phone #