

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039768

**Entity Name:** AIC BUREAU OF INVESTIGATIONS & PROTECTIVE SERVICE  
INC.

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC9767843614**

**Current Principal Place of Business:**

5076 NW 74 AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

PO BOX 7935  
MIAMI, FL 33255-7935

**FEI Number:** 65-1001927

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALONSO, JUAN F  
BOX 7935  
MIAMI, FL 33255 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PVST	Title	D
Name	ALONSO, JUAN F	Name	ALONSO, JUAN F
Address	BOX 7935	Address	BOX 7935
City-State-Zip:	MIAMI FL 33255	City-State-Zip:	MIAMI FL 33255
Title	VP		
Name	ALONSO, MARIA E		
Address	BOX 7935		
City-State-Zip:	MIAMI FL 33255		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA ALONSO

VP

02/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date