

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000049211

**Entity Name:** SPECIALIZED PROTECTION SERVICES, INC

**Current Principal Place of Business:**

39 NW 166 ST #4  
MIAMI, FL 33169

**Current Mailing Address:**

39 NW 166 ST #4  
MIAMI, FL 33169 US

**FEI Number:** 27-4155715

**Certificate of Status Desired:** No

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

BRILLANT, AMANDA  
39 NW 166 ST #4  
MIAMI, FL 33169 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	P	Title	COO
Name	BRILLANT, AMANDA	Name	BRILLANT, EMMANUEL
Address	39 NW 166 ST #4	Address	39 NW 166 ST #4
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169

*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:** AMANDA BRILLANT

**PRESIDENT**

**04/23/2021**

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

\_\_\_\_\_  
Date