




2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 651818 1. Entity Name INTERPORTS SECURITY SERVICE INC.						FILED 06 APR 18 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2311 S.W. 15 ST. MIAMI, FL 33145-1205 US				Mailing Address PO BOX 350734 MIAMI, FL 33135			
2. Principal Place of Business 1909 SW 27 AVE.		3. Mailing Address P.O. BOX 350734					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 59-2023660		Applied For <input type="checkbox"/> Not Applicable	
Zip 33145		Country MIAMI-DADE		Zip 33135-0734		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent LARRAZ, MARIA ANTONIET 2311 SW 15TH ST MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PSTD <input checked="" type="checkbox"/> Delete NAME LARRAZ, MARIA ANTONIETA STREET ADDRESS 2311 S.W. 15 ST. CITY-ST-ZIP MIAMI, FL 331451205				TITLE BUSINESS MANAGER DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LETICIA MERCADO STREET ADDRESS 1909 SW, 27 AVE. CITY-ST-ZIP MIAMI, FL 33145			
TITLE PS <input type="checkbox"/> Delete NAME LARRAZ, MARIA ANTONIETA STREET ADDRESS 1909 SW, 27 AVE. CITY-ST-ZIP MIAMI, FLORIDA 33145				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does 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 trustee 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 attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-11-06		Daytime Phone # 305-854-7671	