

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843030

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: THE PROTECTIVE GROUP, INC.

**Current Principal Place of Business:**

14100 NW 58TH CT.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

141000 NW 58TH CT.  
MIAMI LAKES, FL 33014

**New Mailing Address:**

14100 NW 58TH CT.  
MIAMI LAKES, FL 33014

FEI Number: 02-0333472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAREAGA, EDUARDO  
Address: 14100 NW 58TH CT.  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: A.S. ( ) Delete  
Name: BERNSTEIN, RICHARD  
Address: 14100 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S ( ) Delete  
Name: BUTLER, DAMON  
Address: 14100 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: MCMICHAEL, SCOTT  
Address: 14100 NW 58 CT  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAMON BUTLER

S

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date