

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000007495

1. Entity Name
SECURANT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -6 AM 10:56

Principal Place of Business
2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

Mailing Address
2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

11/14/07 01012 015 35.0



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
75-3065130

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, KAREN
2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME EZRA, MEIR
STREET ADDRESS 2110 DREW STREET, SUITE 200
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VP ☐ Change ☒ Addition
NAME Roberto Stanzani
STREET ADDRESS 2110 Drew Street, Suite 200
CITY-ST-ZIP Clearwater, FL 33765

TITLE D ☐ Delete
NAME STAPLES, MIKE
STREET ADDRESS 896 ISLAND WAY
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000113223280
12/18/07--01024--006 **26.25

TITLE S ☐ Delete
NAME KAPLAN, KAREN
STREET ADDRESS 2110 DREW STREET, SUITE 200
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BARROS, JOSEFA
STREET ADDRESS 2110 DREW STREET, SUITE 200
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALKER, BOB
STREET ADDRESS 9001 31ST STREET WEST
CITY-ST-ZIP ST. LOUIS PARK, MN 55246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 12/10/07

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: Karen Kaplan Karen Kaplan Secretary 12-5-07 727-656-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #