

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007495

Entity Name: SECURANT, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 75-3065130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, KAREN
2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765 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: CP () Delete
Name: EZRA, MEIR
Address: 2110 DREW STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: STAPLES, MIKE
Address: 896 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: KAPLAN, KAREN
Address: 2110 DREW STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33765

Title: T () Delete
Name: BARROS, JOSEFA
Address: 2110 DREW STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: KATZ, ELI
Address: 191 WALNUT STREET
City-St-Zip: ENGLEWOOD, NJ 07631

Title: V (X) Delete
Name: STANZANI, ROBERTO
Address: 2110 DREW STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KAREN KAPLAN

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04/27/2009

Electronic Signature of Signing Officer or Director

Date