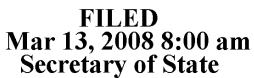
2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # H83584					À	03-13-2008 90035 011 ***150.00					
1. Entity Name BRYANT SECURITY CORPORATION											
Principal Place 16840 NE 1 NORTH MIAN	FL 3316	62 US		7.00	- .						
					•		III O IIII III III IIII OO	1111 1111 11411			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02122008	Chg-P	CR2E03	4 (12/06)		
City & Stat	е	City & State				4. FEI Number 59-2596			_ 	plied For t Applicable	
Zip	Country	Zip	Count	ry:			f Status Desired		8.75 Add	itional	
	J.— ~		+	7. Name and A	ddress of New R			<u></u>			
Name Name											
BEN-DAVID, SHAY 16840 NE 19TH AVE.					Street address (P.O. Box Number is Not Acceptable)						
NORTH M	IAMI BEACH, FL 33162					<u>-</u>		-			
				City	/			FL	Zip Code	9	
8. The above gamed 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 priving name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstiating) DATE DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	 -	11.			ADDITIONS/C	HANGES TO OFF				
NAME	BEN-DAVID, SHAY	☐ Delete	TITLE	I .	\				Change	☐ Addition	
STREET ADDRESS	16840 NE 19 AVE			ET ADDRESS	`						
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331	62	ÇITY-	·ST-ZIP							
TITLE _	C	☐ Delete	TITLE						Change	Addition	
NAME OTREET ADDRESS	BEN-DAVID, DAVID 16840 NE 19TH AVE		NAME	l l							
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33162			ET ADDRESS -ST-ZIP		/					
TITLE	V	Delete	TITLE			·-	$\overline{}$		Change	☐ Addition	
NAME	BEN-DAVID, GAL	E. 201010	NAME						change	☐ Musilion	
STREET ADDRESS	16840 NE 19TH AVE		STREE	ET ADDRESS							
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331		CITY-	ST-ZIP							
TITLE NAME	T BEN DAVID DAN	☐ Delete	TITLE					l	Change	☐ Addition	
STREET ADDRESS	BEN-DAVID, RAN 16840 NE 19TH AVE		NAME STREE	ET ADDRESS			\				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331	62		ST-ZIP							
TITLE		☐ Delete	TITLE					$\overline{}$	Change	Addition	
NAME			NAME	II				/			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				`			
				ST-ZIP							
TITLE NAME		Delete	TITLE					I	☐ Change	Addition	
STREET ADDRESS				T ADDRESS					\	\]	
CITY-ST-ZIP				ST-ZIP						\	
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	this filing does not qualify for true and accurate and that i	or the exe my signati	mptions contai	ined the s	in Chapter 119, ame legal effect	Florida Statutes. I as if made under o	further certify ath: that I am	that the in	formation	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME OF VIGNING OFFICER OR DIRECTOR