

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020917

FILED
Apr 17, 2006
Secretary of State

Entity Name: PROTECTIVE SECURITY TRAINING ACADEMY, LLC

Current Principal Place of Business:

3900 NW 79TH AVE
SUITE 741
MIAMI, FL 33166

New Principal Place of Business:

8323 NW 12TH ST.
SUITE # 218
DORAL, FL 33126

Current Mailing Address:

9350 SOUTH DIXIE HIGHWAY
PENTHOUSE V
MIAMI, FL 33156

New Mailing Address:

8323 NW 12TH ST.
SUITE # 218
DORAL, FL 33126

FEI Number: 27-0032594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMIREZ, DAVID
Address: 9350 SOUTH DIXIE HWY PH5
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: ST. PHILIP, CARL S
Address: 9350 SOUTH DIXIE HWY PH5
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ, DAVID
Address: 8323 NW 12TH ST. SUITE # 218
City-St-Zip: DORAL, FL 33126

Title: MGR (X) Change () Addition
Name: ST. PHILIP, CARL S
Address: 8323 NW 12TH ST. SUITE # 218
City-St-Zip: DORAL, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID RAMIREZ

MGR.

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date