2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L03000013805

Entity Name: EXPO SEGURIDAD MEXICO, LLC

Current Principal Place of Business:

2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL

New Principal Place of Business:

4493 WOODFIELD BLVD
BOCA RATON, FL 33434

Current Mailing Address:

2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL

New Mailing Address:

4493 WOODFIELD BLVD
BOCA RATON, FL 33434

FEI Number: 02-0694407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JARAMILLO, MAX
2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL 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:	JARAMILLO, MAX	
Address:	2455 SW 27TH AVENUE, SUITE 200	
City-St-Zip:	MIAMI, FL	
Title:	MGR	( ) Delete
Name:	ORDAZ, SAMUEL	
Address:	PASEO DE LOS ALAMOS 208	
City-St-Zip:	MONTERREY, NL MEXICO, 64630	
Title:	MGR	( ) Delete
Name:	FERRANDO, ANDREA	
Address:	4493 WOODFIELD BLVD	
City-St-Zip:	BOCA RATON, FL 33434	

ADDITIONS/CHANGES:

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 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: ANDREA FERRANDO MGR 01/06/2009

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