2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L96973 1. Entity Name MAXI SECURITY AND INVESTIGATION, INC. 07 JUN 15 PH 1: 12 Principal Place of Business Mailing Address CRETARY OF STATE CLAHASSEE, FLORIDA 2800 NW 32ND AVENUE 2800 NW 32ND AVENUE MIAMI, FL 33142 US MIAMI, FL 33142 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 06122007 Chg-P City & State City & State 4. FEI Number Applied For 65-0216730 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPINOSA, JORGE M. Street Address (P.O. Box Number is Not Acceptable) 2800 NW 32 AVENUE MIAMI, FL 33142 Zip Code City 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 Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSTD TITLE Delete TITLE President K Change ☐ Addition ESPINOSA, JORGE M. NAME NAME Espinosa, Jorge M. 2800 NW 32 AVENUE STREET ADDRESS STREET ADDRESS 2800 N.W. 32 Avenue Miami, FL 33142 CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Miami, FL ☐ Change ☐ Delete TITLE ▼ Addition TITLE Vice President NAME Mendez, Juan C. 2800 N.W. 32 Avenue NAME STREET ADDRESS STREET ADDRESS 33142 CITY-ST-7IP Miami, FL CITY-ST-ZIP TITLE Treasurer/Secretary ☐ Change X Addition TITLE □ Delete NAME NAME Suarez, Jose M. STREET ADDRESS STREET ADDRESS 2800 N.W. 32 Avenue Miam<u>i, FL</u> 33142 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 9001045211 96/18/97--01973--020 STREET ADDRESS STREET ADDRESS ******₹70.00 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filling 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, will all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR