2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004016

FILED Jul 26, 2005 Secretary of State

Entity Name: LAW ENFORCEMENT OFFICERS UNDER AUTHORITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 14140 S.W. 40 TERR 11420 SW 55 STREET MIAMI, FL 33175 MIAMI, FL 33165 **Current Mailing Address: New Mailing Address:** 14140 S.W. 40 TERR 11420 SW 55 STREET MIAMI, FL 33175 MIAMI, FL 33165 FEI Number: 13-4242285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLANO, DANIEL LLANO, DANIEL 14140 S.W. 40 TERR 5940 SW 157 PLACE MIAMI, FL 33175 MIAMI, FL 33193 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: 07/26/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LLANO, DANIEL LLANO, DANIEL Name: Name: Address: 14140 S.W. 40 TERR Address: 5940 SW 157 PLACE City-St-Zip: MIAMI, FL 33175 City-St-Zip: MIAMI, FL 33193 Title: TD () Delete Title: () Change () Addition Name: CAMACHO, EDWIN Name: Address: 14202 FLORA LANE Address: City-St-Zip: WELLINGTON, FL 33141 City-St-Zip: Title: () Delete Title: (X) Change () Addition GAST, MICHAEL Name: GAST, MICHAEL Name: 90 N.W. 189TH STREET Address: Address: 14693 NW 87 COURT City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33018 Title: SD () Delete Title: () Change () Addition Name: ROMAN, DORIS Name: Address: 2986 N.W. 199 TERRACE Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LLANO PD 07/26/2005