FOR PROFIT CORPORATION

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| UNIFORM BUSINESS REPORT (UBR) OCUMENT # P00000016952 | | | | | | |
| Entity Name | | | | | | |
| INTEGRAL GLOBAL SECURITY, CORP. | | | | FILED | | |
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| D | O NOT WRITE | IN THIS | S SPA | CE | SECRETARY OF STATE | |
| D. | 0 1101 111.4.1.2 | | | | Ţ ALLA HASSEE, FLORIDA | |
| Principal Place of Business 16300 NE 19 AVE Suite, Apt. #, etc. 236 City & State 3. Mailing Address SAME AS ABC Suite, Apt. #, etc. City & State | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 4. FEI Number Applied For Not Applicable | |
| NORTH MIAMI BEACH, FL. | | Zip Country | | ountry | 5. Certificate of Status Desired | |
| ^{Zip} 33162 | U.SAA. | <u> </u> | | | 7. Name and Address of Current Registered Agent | |
| | • | | | | LMAN AMAR | |
| DO NOT WRITE | | | <i>:</i> | Street Addr 5 2 | ess (P.O. Box Number is Not Acceptable) 39 SW 38 AVE | |
| | IN THIS SF | PACE | | | | |
| | | • • | , ' | City FT | LAUDERDALE FL Zip Code 33312 | |
| • The sharp o | award antity submits this statement for | or the purpose of ch | nanging its regi | istered office or re | gistered agent, or both, in the State of Florida. | |
| 8. The above in | A Submitted with discussions and the submitted with | | | | 11-10-2003 | |
| SIGNATURE _ | ignature, typed or printed name of registered agen | l and title if applicable. | (NOTE: Rec | gistered Agent signature i | required when reinstating) DATE | |
| | ation is eligible to satisfy its Intangibl | e i i i i jan | After May 1. | 1 Fee is \$150.0 Fee is \$550.00 | 10. Election Campaign Financing \$5.00 May Be | |
| Tax filing red | quirement and elects to do so. | | Amended U | RR ls \$61.25 | Trust Fund Contribution. Added to Fees | |
| Tax filing réd (See criteria | a on back) | Make Ch | Amended U eck Payable (| BR is \$61.25 (i) to Department of | Trust Fund Contribution. Added to Fees | |
| Tax filing red | on back) Li | Make Cho DIRECTORS | eck Payable i | BR is \$61.25 to Department of | Trust Fund Contribution. Added to Fees RES/V-PRES/SECRET/TREASURY | |
| Tax filing red (See criteria 11. THLE NAME | OFFICERS AND PRES/V-PRES/SEC SALMAN AMAR | Make Choose Choose CT/TREAS | eck Payable (SURY | TITLE E | Trust Fund Contribution. Added to Fees PRES/V-PRES/SECRET/TREASURY SALMAN AMAR | |
| Tax filing red (See criteria 11. | PRES/V-PRES/SEC SALMAN AMAR 1250 E.Hallanda | DIRECTORS RET/TREAS | eck Payable (SURY | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trust Fund Contribution. Added to Fees PRES/V-PRES/SECRET/TREASURY | |
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floring that I am an officer or direct 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 direct 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 11 or on a attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PACRER

November 10 th, 03

to: Florida Debt. of Revenue Division of Corporation

Ref: Integral Global Security Corp. Doc #: P000000 16952

Sir or Madam:

I am attaching the UBR form and the check for the amount of \$ 150.00.

There received the form:

I apologize for any inconvenience.

thanks,

Salman Anar President Integral Global Security Corp.