2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019902

Title:

Name:

Address:

City-St-Zip:

TD

KLUGER, RONY

() Delete

HALLANDALE BEACH, FL 33009

1001 N. FEDERAL HWY., SUITE# 238

Apr 30, 2009 Secretary of State

Entity Name: INTERNATIONAL BODYGUARD AND SECURITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1001 N. FEDERAL HWY. SUITE# 238 HALLANDALE BEACH, FL 33009 **New Mailing Address: Current Mailing Address:** P. O. BOX 50774 SARASOTA, FL 34232 FEI Number: 65-0984920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOROK, TAMAS 1001 N. FEDERAL HWY. **SUITE# 238** HALLANDALE BEACH, FL 33009 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition POPPER, GYORGY POPPER, GYORGY DR. Name: Name: 1001 N. FEDERAL HWY., SUITE# 238 1001 N. FEDERAL HWY., SUITE# 238 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 SD Title: VPD (X) Change () Addition Title: () Delete Name: TAMAS, TOROK Name: BERTOLETTI, SPARTACO G 1001 N. FEDERAL HWY., SUITE# 238 1001 N. FEDERAL HWY., SUITE# 238 Address: Address: HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: TD BERTOLETTI, SPARTACO G KLUGER, RONY DR. Name: Name: 1001 N. FEDERAL HWY., SUITE# 238 1001 N. FEDERAL HWY., SUITE# 238 Address: Address: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SD

TOROK, TAMAS

(X) Change () Addition

1001 N. FEDERAL HWY., SUITE# 238

HALLANDALE BEACH, FL 33009

SIGNATURE: DR. GYORGY POPPER PD 04/30/2009