DOCUMENT # P00000058991

Page 1 of 1

1. Entity Name
Security P.D.S. Integral, INC.

Principal Place of Business: 7951 SW 40th ST. #206, Miami, FL 33155

Mailing Address:

FILED
01 DEC 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Beatriz Arape
7951 SW 40th ST. #206
Miami, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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: Beatriz Arape
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

[redacted]

10. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME Jose Arape
STREET ADDRESS 7951 SW 40 ST. # 206
CITY-ST-ZIP Miami, FL 33155
[ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
700004764657--
-01/10/02--01031--006
****150.00

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
never received Any notices

I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arape
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION (11/00)