

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0150861 AV

DOCUMENT #	P00000111736
1. Entity Name	SHIELD TECHNOLOGY GROUP INC.



FILED
03 NOV -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19835 W. LAKE DRIVE MIAMI FL 33015	Mailing Address 19835 W. LAKE DRIVE MIAMI FL 33015
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 19836 W. LAKE DRIVE Suite, Apt. #, etc.
City & State	City & State MIAMI, FLORIDA
Zip	Country USA

REINSTATEMENT

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GUNN, CAMERON 19835 W. LAKE DRIVE MIAMI FL 33015

4. FEI Number 65-1076128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUNN, CAMERON 19835 W. LAKE DRIVE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUSTAVO CAMPUZANO 19835 W. LAKE DR. MIAMI, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DELATORRE, LETICIA 19835 W. LAKE DRIVE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024396743 11/04/03--01014--021 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	10/29/03 Date	305-785-0470 Daytime Phone #
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CR2E034 (10/02)