

2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90161 050 \*\*\*150.00

|   |
|---|
| <b>DOCUMENT #</b> P01000099697                        |
| <b>1. Entity Name</b>                                 |
| Streetwise Investigations & Protective Services, Inc. |

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40059225

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|                                       |                |                           |                |  |  |   |  |
|---------------------------------------|----------------|---------------------------|----------------|--|--|---|--|
| <b>2. Principal Place of Business</b> |                | <b>3. Mailing Address</b> |                | <b>4. FEI Number</b>   |  | <b>Applied For</b>                      |  |
| 2640 Hollywood Blvd.                  |                | P.O. Box 221145           |                | 65-1145123   |  | <input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.                   |                | Suite, Apt. #, etc.       |                |  |  |   |  |
| Suite 117                             |                |                           |                |  |  |   |  |
| <b>City &amp; State</b>               |                | <b>City &amp; State</b>   |                |  |  |   |  |
| Hollywood, FL                         |                | Hollywood, FL             |                |  |  |   |  |
| <b>Zip</b>                            | <b>Country</b> | <b>Zip</b>                | <b>Country</b> | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 33022-1145                            | USA            | 33022-1145                | USA            |  |  |   |  |

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**7. Name and Address of Current Registered Agent**

|   |
|---|
| <b>Name</b>   |
| Karp, Andrew S.   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> |
| 13450 S.W. 3rd St.  |
| <b>Apt. D-315</b>   |
| <b>City</b>   |
| Hollywood   |
| <b>FL</b>   |
| <b>Zip Code</b>   |
| 33027   |

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                        |                                |                        |  |
|------------------------|--------------------------------|------------------------|--|
| <b>TITLE</b>           | D/P                            | <b>TITLE</b>           |  |
| <b>NAME</b>            | Karp, Andrew S.                | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  | 13450 S.W. 3rd St., Apt. D-315 | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> | Hollywood, FL 33027            | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           | D/S/T                          | <b>TITLE</b>           |  |
| <b>NAME</b>            | Currea, Carolyn                | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  | 400 N.E. 12th Ave., Apt. 609   | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> | Hallandale, FL 33009           | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           |                                | <b>TITLE</b>           |  |
| <b>NAME</b>            |                                | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |                                | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |                                | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           |                                | <b>TITLE</b>           |  |
| <b>NAME</b>            |                                | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |                                | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |                                | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           |                                | <b>TITLE</b>           |  |
| <b>NAME</b>            |                                | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |                                | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |                                | <b>CITY - ST - ZIP</b> |  |

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**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 on an attachment with an address, with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew S. Karp

Date

Daytime Phone #

4/10/07

954-923-9898