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Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91013 041 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046510

DOCUMENT # P02000010731

1. Entity Name
TECNIEQUIPOS SECURITY DEPOT INC.

Principal Place of Business	Mailing Address
5342 S.W. 91 AVE. MIAMI, FL 33165	5342 S.W. 91 AVE. MIAMI, FL 33165

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10011 SW 20 ST.	10011 SW 20 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI	
City & State: FLORIDA	City & State: MIAMI FL.
Zip: 33165 Country: USA	Zip: 33165 Country:

4. FEI Number: 01-0592631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PABLO P., JUAN 5342 S.W. 91 AVE. MIAMI, FL 33165	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PABLO P., JUAN 5342 S.W. 91 AVE. MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUIS R. PRIETO 10011 SW 20 ST. MIAMI FL. 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALDANA, ALBERTO CRA. 19 #35-36 E. BOGOTA COLOMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, CARLOS CRA. 19 #35-36 E. BOGOTA COLOMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 03/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #