

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012384

FILED
Apr 22, 2008
Secretary of State

Entity Name: SOUTHERN PROTECTIVE SERVICES, INC.

Current Principal Place of Business:

10400 NW 33 ST
270
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10400 NW 33 ST
270
MIAMI, FL 33172

New Mailing Address:

FEI Number: 04-3596410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHELENA, BEATRIZ M
6302 S.W. 149 PLACE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MICHELENA, MIGUEL
Address: 6302 S.W. 149 PLACE
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: MICHELENA, BEATRIZ
Address: 6302 S.W. 149 PLACE
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: MICHELENA, BEATRIZ
Address: 6302 S.W. 149 PLACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICHELENA, MIGUEL
Address: 10400 N.W. 33 STREET
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Change () Addition
Name: MICHELENA, BEATRIZ
Address: 10400 N.W. 33 STREET
City-St-Zip: MIAMI, FL 33172

Title: T (X) Change () Addition
Name: MICHELENA, BEATRIZ
Address: 10400 N.W. 33 STREET
City-St-Zip: MIAMI, FL 33172

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.

SIGNATURE: MIGUEL MICHELENA

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date