2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034533

Title:

Name:

Address:

City-St-Zip:

VPST

VILLA, ANA C

() Delete

8470 ST. JOHN'S COURT

WELLINGTON, FL 33414

Entity Name: FULL PROTECTION, CORP.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2950 WEST 84 STREET 10050 NW 116 WAY HIALEAH, FL 33018 MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 10050 NW 116 WAY 2950 WEST 84 TH STREET HIALEAH, FL 33018 MIAMI, FL 33178 FEI Number: 75-3036326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, JORGE E 8470 ST. JOHN'S COURT WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: **PSTD** (X) Change () Addition GOMEZ, JORGE E LOPEZ, YOVANY Name: Name: 8470 ST. JOHN'S COURT 5912 SW 147 PLACE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: MIAMI, FL 33193 Title: Title: () Change () Addition TREA () Delete GOMEZ, MARTHA L Name: Name: 8470 ST. JOHN'S COURT Address: Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: Title: Title: SECR () Delete SECR (X) Change () Addition LOPEZ, YOVANY GOMEZ, JORGE Name: Name: 5912 SW 147TH PLACE 8470 ST. JOHNS COURT Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: YOVANY LOPEZ PSTD 01/05/2007

() Change () Addition