FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046708

1. Entity Name
H & I SECURITY & PROTECTION SVC., INC.

Principal Place of Business	Mailing Address
14830 NARANJA LAKES BLVD. STE. PG-2 HOMESTEAD, FL 33032	14830 NARANJA LAKES BLVD. STE. PG-2 HOMESTEAD, FL 33032

	2. Principal Place of Business	3. Mailing Address
Address	14830 NARANJA LAKES BLVD# 2P	14830 NARANJA LAKES BLVD#2P
Suite, Apt. #, etc.	2P	2P
City & State	HOMESTEAD, FL	HOMESTEAD, FL
Zip	33032	33032
Country	USA	USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3055781 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILLA, HUMBERTO L
14830 NARANJA LAKES BLVD. STE. PG-2
HOMESTEAD, FL 33032

7. Name and Address of New Registered Agent

Name: ILLA, HUMBERTO L.
Street Address (P.O. Box Number is Not Acceptable): 14830 NARANJA LAKES BLVD # 2P
City: HOMESTEAD FL Zip Code 33032

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

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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	ILLA, HUMBERTO I	NAME	ILLA, HUMBERTO I
STREET ADDRESS	14830 NARANJA LAKES BLVD. STE. PG-2	STREET ADDRESS	14830 NARANJA LAKES BLVD # 2P
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: HUMBERTO I. ILLA 4/28/03 786-514-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #