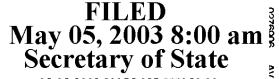
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000070632 DOCUMENT # 1. Entity Name CODE ONE PROTECTIVE SERVICES INC.



150.00

Secretary or S
05-05-2003 91175 027 ***

0002 0	,	7			
Principal Place of Business 152 NE 167 STREET #301 NORTH MIAMI BEACH FL 33162		Mailing Address 152 NE 167 STREET #301 NORTH MIAM! BEACH FL 33162		 1980 1880 111 80 118 110 11 80 11 80 11	
2. Principal Place of Business		3. Mailing Address 152 NE 167 Street		I PERILOGE HE SOLEN CIRIL ROSH SOLEN DAVIL	IBIII 1995I DAGID ZIJOB IIJID IJAL 1991
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAI	KING CHANGES
City & Star	te	City & State Miami F1		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip 33162	Country U.S	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registe	red Agent
			Name_		
BAPTISTE			Street Address	s (P.O. Box Number is Not Acceptable)	
	67 STREET #301				
NORTH M	IIAMI BEACH FL 33162				
			City		FL Zip Code
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florida.	am familiar with, and accept
···;	Signature, typed or printed name of registered agent an	d title if applicable, (NOTE:	Registered Agent signature requi	red when reinstating) D/	ATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLÉ NAME	D Baptiste, Soni	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	152 NE 167 STREET #301 NORTH MIAMI BEACH FL 33162		STREET ADDRESS CITY-ST-ZIP		
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
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u> </u>	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE: S

CITY-ST-ZIP

Daytime Phone #