
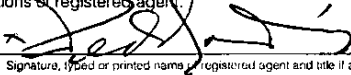
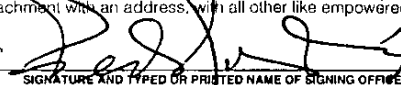


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000075196</b>						<b>FILED</b> <b>05 NOV -7 PM 3:58</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> <b>BUREAU INTELLIGENCE INVESTIGATOR AND SECURITY PREVENTIVE, INC.</b>							
<b>Principal Place of Business</b> <b>5301 NW 189TH STREET</b> <b>MIAMI, FL 33055-5315</b>				<b>Mailing Address</b> <b>5301 NW 189TH STREET</b> <b>MIAMI, FL 33055-5315</b>			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>				<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ MEDINA,</b> <b>5301 NW 189TH STREET</b> <b>MIAMI, FL 33055-5315</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
<b>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.</b>				<b>4. FEI Number</b> <b>42-1545308</b>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>			
<b>SIGNATURE</b> 				<b>DATE</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PSD <input type="checkbox"/> Delete <b>NAME</b> RODRIGUEZ MEDINA, PEDRO <b>STREET ADDRESS</b> 5301 NW 189TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 330555315				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> VTD <input type="checkbox"/> Delete <b>NAME</b> FIGUEROA, FELIX <b>STREET ADDRESS</b> 5301 NW 189TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 330555315				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>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.</b>							
<b>SIGNATURE:</b>  <b>PEDRO RODRIGUEZ MEDINA</b> 11/03/05 (786) 263-2415							