


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000075196</b>	
<b>1. Entity Name</b> BUREAU INTELLIGENCE INVESTIGATOR AND SECURITY PREVENTIVE, INC.	

<b>Principal Place of Business</b> 5301 NW 189TH STREET MIAMI, FL 33055-5315	<b>Mailing Address</b> 5301 NW 189TH STREET MIAMI, FL 33055-5315
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01312008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 42-1545308	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RODRIGUEZ MEDINA, 5301 NW 189TH STREET MIAMI, FL 33055-5315
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**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00.</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>	U000000912825 05/07/08-80096-001 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PSD
<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>	VTD
<b>NAME</b>	FIGUEREDO, FELIX
<b>STREET ADDRESS</b>	5301 NW 189TH STREET
<b>CITY-ST-ZIP</b>	MIAMI, FL 330555315
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Felix Figueredo **04/16/08** **(305) 788-1027**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #