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SECRETARY OF STATE
TALLAHASSEF FI DEL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SEGURIDAD ELECTRONICA TRADING CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: P02000075974
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL BANDA
(Name of Contact Person)
SEGURIDAD ELECTRONICA TRADING CORPORATION (Firm/Company)
169 E FLAGLER ST. # 1534 (Address)
MIAMI, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
DANIEL BANDA at (786) 866 - 2138 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a	s 607.0502, 617.0502, a corporation organiz ered office or register	ed under the laws of	the State of F	LORIDA	
1. The name of the	ne corporation: SEG	URIDAD ELECTRON	IICA TRADING COR	RPORATION		
2. The principal of	office address: 1	69 E F	LAGLER C		34	
	ddress (if different):_	A	ABOUE -			
4. Date of incorp	oration/qualification	:07/12/2002	Document numb	per:P02	000075974	
5. The name and Florida Depart		current registered age	ent and registered off	ice on file with	the	
		BANDA, DAN	IEL G			
	2950 W 84	TH ST #4 . HIAI	LEAH, FL. 3301	8	SECRE TALLA))
6. The name and (if changed):	street address of the	DANIEL	(if changed) and /or	registered offic	Y OF STA	
	169 E HIAMI, FL	PLACLES (P.O Box NOT acceptable) 33131	ST # 1534		VIE RIDA	1
The street address changed will	ss of its registered o be identical.	office and the street a	ddress of the busine	ss office of its	registered ag	gent,
"	\ \ \ \	olution duly adopted oration has been not	by its board of directified in writing of th	etors or by an c		_
I herehylaccen	the appointment as i to comply with the pi I am familiar with In filed merely to re been notification wri	registered agent and rovisions of all statu and accept the oblis flect a change in the iting of this change.	garee to act in this	r typed name and tit capacity. coper and comp n as registered dress, I hereby	,	ance f this t the
. 1/2	endle	20_	_ December			
If signing on bel				(Date)		
(T	yped or Printed Name)					

* * * FILING FEE: \$35.00 * * *