2003 FOR PROFIT CORPORATION

Aug 04, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000080989 DOCUMENT # 1. Entity Name 08-04-2003 90137 008 ***550.00 AMERICA SECURITY GROUP, INC. Principal Place of Business Mailing Address 1711 W. 40 ST., UNIT 5 1711 W. 40 ST., UNIT 5 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Identification Number City & State City & State Applied For 1-0904 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVIS CHAMBROT, JOSEPH A ESQ. 950 NW 22ND AVE. **MIAMI FL 33125** احوح 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 regists vector ROCONIC 7029003 SIGNATO FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Addition FEBRES-CORDERO, ELIAS NAME NAME 1711 W. 40 ST., UNIT 5 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP VD Addition TITLE ☐ Delete TITLE ☐ Change TROCONIS. VICTOR NAME NAME 1711 W. 40 ST., UNIT 5 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE 20 A Change TITLE --☐ Addition EETAL FORES. RODRIGUEZ, GLORIA R NAME NAME 1711 W. 40 ST., UNIT 5 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition

CR2E034 (4/03)