

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000027624

FILED  
Dec 11, 2006  
Secretary of State

**Entity Name:** UNITED PROTECTION SECURITY AGENCY, INC.

**Current Principal Place of Business:**

616 NE 124 ST  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

616 NE 124 ST  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 02-0679614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HONORE, JAMES  
616 NE 124 ST  
N MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HONORE, JAMES  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: EDNER, JEUDY MARC  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete  
Name: PIERRE, HULDA  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete  
Name: MILORD, SMITH  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: SAINTELIEN, WISLER  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MALSY, BORGELLA  
Address: 616 NE 124 ST  
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HONORE

P

12/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date