

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018732

FILED
Apr 24, 2006
Secretary of State

Entity Name: IMAY PROTECTIVE SECURITY SERVICES, INC.

Current Principal Place of Business:

715 NW 123 AVE
MIAMI, FL 33182

New Principal Place of Business:

402 SW 99 AVE
MIAMI, FL 33174

Current Mailing Address:

715 NW 123 AVE
MIAMI, FL 33182

New Mailing Address:

402 SW 99 AVE
MIAMI, FL 33174

FEI Number: 20-0722792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, IGNACIO
715 NW 123 AVE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

OLIVA, IGNACIO
402 SW 99 AVE
MIAMI, FL 33174 US

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: IGNACIO OLIVA

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: OLIVA, IGNACIO
Address: 715 NW 123 AVE
City-St-Zip: MIAMI, FL 33182

Title: V (X) Delete
Name: FUENTES, ALEXIS
Address: 715 NW 123 AVE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: IGNACIO OLIVA

PDS

04/24/2006

Electronic Signature of Signing Officer or Director

Date