

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104420

FILED
Mar 27, 2007
Secretary of State

Entity Name: FLORIDA FUGITIVE RECOVERY & PROTECTIVE SERVICE AGENCY, INC

Current Principal Place of Business:

431 NE 75 STREET
FRONT
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

431 NE 75 STREET
FRONT
MIAMI, FL 33138

New Mailing Address:

PO BOX 380942
MIAMI, FL 33238

FEI Number: 75-3161167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORES, ADAEL J
431 NE 75 STREET
FRONT
MIAMI, FL 33138 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FLORES, ADAEL J
Address: 431 NE 75 STREET, FRONT
City-St-Zip: MIAMI, FL 33138 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR () Change (X) Addition
Name: GONZALEZ, MARTA J
Address: 560 EAST 15TH STREET
City-St-Zip: HIALEAH, FL 33010

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: ADAEL J. FLORES

CEO

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date