PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90018 006 ***150.00

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1. Entity Name
ESTRADA CONSULTING & SECURITY, INC.

Principal Place of Business	Mailing Address
470 STONEMONT DR. WESTON FL 33326	470 STONEMONT DR. WESTON FL 33326

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 5 LeaFdale Point	Suite, Apt. #, etc 5 LeaFdale Point
City & State THE HILLS, Texas	City & State THE HILLS, Texas
Zip / Country 78738 - / USA	Zip / Country 78738 / USA

4. FEI Number 84-1655222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTRADA, FRANK 470 STONEMONT DR. WESTON FL 33326	Name: Estrada, Frank Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road, Suite 300 City: Miami Beach FL 33139

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 registered agent.

SIGNATURE _____ 2-12-07
Signature, typed or printed name of registered agent, if date applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESTRADA, FRANK 470 STONEMONT DR. WESTON FL 33326	☒ Delete	PD ESTRADA, FRANK 5 LeaFdale Point The Hills, TX 78738	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESTRADA, DEBRA 470 STONEMONT DR. WESTON FL 33326	☒ Delete	VD Estrada, Debra 5 LeaFdale, Point The Hills, Texas 78738	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: _____ 2-12-07 (512) 394-5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE