2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # P04000144029 1. Entity Name SECURITY ENFORCEMENT AUTHORITY INC.					04-11-2007 90030 028 ***158.75				
Principal Place of Business		Mailing Address				40			
14228 SW 136TH ST MIAMI, FL 33186		14228 SW 136TH ST MIAMI, FL 33186			40020.00				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282007 Chg-P CR2E034 (12/06)				
City & State		City & State			4. FEI Numbe 32-0130				oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8 Fee	. 75 Add	ditional d
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New	v Registered Age	nt	
SPIEGEL & UTRERA, P:A.4 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above	named entity submits this statement for II	ne purpose of changing its re	eaistered office a	r register	ed agent, or both	n, in the State of		liar with	and accept
SIGNATURE FILL	Sgrature, liped or printed name of registered lipent and E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig	·	\$5.	when reinstating) 00 May Be ed to Fees		4/4/0	7	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/0	CHANGES TO O	FFICERS AND DI	RECTOR	\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JEANTY, GARY J 14228 SW 136TH ST MIAMI, FL 33186	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President CLOUDETTE UIAUD 14228 3:W 136Th STRE Michael FL 33186	□ Delcie & 1%	TITLE NAME STREET ADDRESS CITY+ST-ZIP	Cla.	E Presido Dolette Vi 8 S.W 1 Jami Fl	1800 1800		Change	Audition
NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Chartes	Carida Con.		Change	☐ Addition

12. Thereby cernity that the information supplied with this filling does not quality for the exemptions contained in Unapter 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:

TOTAL THOUSE THE CONCERN CONCERN CONCERN CONCERN CONCERN CONCERN CONCERN CONTRACTOR OF DIRECTOR

4/4/07

386-345-9066