

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 023 ***150.00

DOCUMENT # P04000170798					
1. Entity Name AFGIPSI PROTECCION Y SEGURIDAD INTEGRAL C.A. CORP.					
Principal Place of Business 9210 WEST CALUSA CLUB DRIVE MIAMI, FL 33186			Mailing Address 9210 WEST CALUSA CLUB DRIVE MIAMI, FL 33186		
2. Principal Place of Business 12265 SW 99 ST.		3. Mailing Address 12265 SW 99 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLA.		City & State MIAMI, FLA.			
Zip 33186	Country MIAMI-DADE	Zip 33186	Country MIAMI-DADE		
4. FEI Number 20-2040595				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, AMPARO S 9210 WEST CALUSA CLUB DRIVE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name IGNACIO I. PENA Street Address (P.O. Box Number is Not Acceptable) 12265 SW 99 STREET City MIAMI FL Zip Code 33186		
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 3 Feb 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP FREITES, ANGEL 9210 WEST CALUSA CLUB DRIVE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PENA, IGNACIO 9210 WEST CALUSA CLUB DRIVE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: IGNACIO I. PENA 3 Feb 06 786-357-2023 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					