

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000016846

FILED
Jul 16, 2008
Secretary of State**Entity Name:** FEDERAL EAGLE SECURITY CORPORATION**Current Principal Place of Business:**5951 NW 151 STREET
102
MIAMI LAKES, FL 33014**New Principal Place of Business:**5951 NW 151 STREET
203A
MIAMI LAKES, FL 33014**Current Mailing Address:**5951 NW 151 STREET
102
MIAMI LAKES, FL 33014**New Mailing Address:**5951 NW 151 STREET
203A
MIAMI LAKES, FL 33014**FEI Number:** 33-1128100**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**RODRIGUEZ, YDALYS
4955 NW 199 STREET
380
OPALOCKA, FL 33055 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: RODRIGUEZ, YDALYS
Address: 4955 NW 199 STREET #380
City-St-Zip: OPALOCKA, FL 33055**Title:** VP (X) Delete
Name: CORDOVA, ANDRES A
Address: 5611 W 25 CT # 3
City-St-Zip: HIALEAH, FL 33016**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 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: YDALYS RODRIGUEZ

P

07/16/2008

Electronic Signature of Signing Officer or Director_____
Date