

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030280

**FILED**  
**Aug 10, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED PROTECTION SERVICES, INC.

**Current Principal Place of Business:**

3900 NW 79 AVE SUITE 324  
DORAL, FL 33166

**New Principal Place of Business:**

8051 NW 36 ST  
620  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE SUITE.324  
DORAL, FL 33166

**New Mailing Address:**

8051 NW 36 ST  
620  
DORAL, FL 33166

**FEI Number:** 20-2410310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARTINEZ, ANDRES  
3900 NW 79 AVE  
SUITE.324  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

MARTINEZ, ANDRES  
8051 NW 36 ST  
SUITE.620  
DORAL, FL 33166 US

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:** ANDRES MARTINEZ

08/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARTINEZ, ANDRES  
**Address:** 8051 NW 36 ST,620  
**City-St-Zip:** DORAL, FL 33166

I hereby 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 all other like empowered.

**SIGNATURE:** ANDRES MARTINEZ

OWNE

08/10/2010

Electronic Signature of Signing Officer or Director

Date