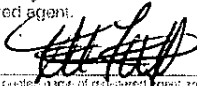
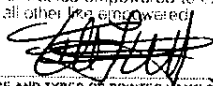


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 014 ***150.00

DOCUMENT # P05006047090			
1. Entity Name PS INTERNATIONAL DIGITAL SECURITY CO.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 820 NW 135 CT		3. Mailing Address 820 NW 135 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL 33182		City & State MIAMI FL 33182	
Zip 33182		Zip 33182	
Country USA		Country USA	
4. FEI Number 20-2588234		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name FANNY VIGUERAS			
Street Address (P.O. Box Number is Not Acceptable)			
820 NW 135 CT			
City MIAMI		FL Zip Code 33182	
DO NOT WRITE IN THIS SPACE			
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 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when resigning) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FANNY VIGUERAS 820 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other information required.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)