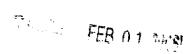
(Requestor's Name)
(Address)
(Address)
(salara,
(City/State/Zip/Phone #)
(City/State/Zip/Pffone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400064637944

01/30/06--01038--010 **35.00





COVER LETTER

Division of Corporations SECURITY SYSTEMS CORPORATION (Name of Corporation) DOCUMENT NUMBER: P05000 78194 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO PADILLA (P) OR RAFAEL RUBIERA (VP)
(Name of Contact Person) PROTECTION SECURITY SYSTEMS CORP. (Firm/Company) 15813 SW 79 5t MIAMI, FL 33193 (City/State and Zip Code) For further information concerning this matter, please call:

ANTONIO PADILLA at (786) 395 - 8225 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 266 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PROTECTION SECURITY SYSTEMS CORPORATI
2. The principal office address: 15813 SW 79 St
MIAMI, FL 33193
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 05/27/2005 Document number: P05000078/94
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ANTONIO PADILLA
15813 SW 79 5t
Miami FL 33193 = ===============================
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RAFAEL RUBIERA
15813 SW 79 54 (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
MIAMI FL 33193
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of any office for director) ANTONIO PADILLA (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 12/27/05 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)