

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087685

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: A & D PERSONAL PROTECTION, INC

## Current Principal Place of Business:

525 N TREBOL ST  
CLEWISTON, FL 33440 US

## New Principal Place of Business:

## Current Mailing Address:

525 N TREBOL ST  
CLEWISTON, FL 33440 US

## New Mailing Address:

PO BOX 612935  
NORTH MIAMI, FL 33261 US

FEI Number: 20-3038833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AVILA, ORLANDO  
525 N TREBOL ST  
CLEWISTON, FL 33440 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

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P  
Name: AVILA, FLORENCE D  
Address: PO BOX 612935  
City-St-Zip: NORTH MIAMI, FL 33261 US

Title: VP  
Name: DURAN, BRUNO S  
Address: PO BOX 612935  
City-St-Zip: NORTH MIAMI, FL 33261 US

Title: S&T  
Name: AVILA, ORLANDO  
Address: PO BOX 612935  
City-St-Zip: NORTH MIAMI, FL 33261 US

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: ORLANDO AVILA

S&T

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date