

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000089608

**FILED**  
**Apr 30, 2008**  
**Secretary of State****Entity Name:** FLORIDA'S FULL FORCE SECURITY & PATROL SERVICES INC.**Current Principal Place of Business:**8238 N.W 103 ST  
SUITE # 152  
HIALEAH, FL 33016**New Principal Place of Business:****Current Mailing Address:**8238 N.W 103 ST  
SUITE # 152  
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 14-1932470      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PORTE, CARMEN  
8238 N.W. 103 ST  
SUITE # 152  
HIALEAH, FL 33016 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: FERNANDEZ, RICARDO  
Address: 8238 N.W 103 ST SUITE # 152  
City-St-Zip: HIALEAH, FL 33016

Title: D ( ) Delete  
Name: PORTE, CARMEN  
Address: 8238 N.W. 103 ST SUITE # 152  
City-St-Zip: HIALEAH, FL 33016

Title: DA (X) Delete  
Name: COLLAZO, ROBERT A  
Address: 8238 N.W 103 ST SUITE # 152  
City-St-Zip: HIALEAH, FL 33016

Title: CFO ( ) Delete  
Name: PORTE, CARMEN  
Address: 8238 N.E 103 ST SUITE 152  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PORTE, CARMEN  
Address: 8238 N.W. 103 ST SUITE # 152  
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: PORTE, CARMEN  
Address: 8238 N.W. 103 ST SUITE 152  
City-St-Zip: HIALEAH, FL 33016

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: CARMEN PORTE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date