2007 FOR PROFIT CORPORATION

Jun 28, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000165499 06-28-2007 90001 048 ***150 00 SHABAK HIGH TECHNOLOGY SECURITY SERVICE CORP. Principal Place of Business Mailing Address 40122053 9092 NW SOUTH RIVER DRIVE PO BOX 110886 SUITE 48 HIALEAH, FL 33010 MEDLEY, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 06262007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 20-4579673 Not Applicable Zip Country Ziυ Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name RODRIGUEZ FEDERICS RODRIGUEZ, FEDERICO Street Address (P.O. Box Number is Not Acceptable) 12244 SW 101 TERR MIAMI, FL 33186 9092 NW South River Drive Suite 48 8. The above named entity rubor its 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 SIGNATURE DATE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, ☐ Delete ☐ Addition TITLE HILE RODRIGUEZ, FEDERICO NAME NAME STREET ADDRESS 12244 SW 101 TERR STREET ADDRESS CITY+SI-7IP MIAMI, FL 33186 CFTY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, JOSE R NAME 7680 NW 179 TERR STREET ADDRESS STREET ADDRESS CHY-ST-7IP MIAMI, FL 33015 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE TREVINO, HECTOR HAME HAME STREET ADDRESS STREET ADDRESS MANZANILLO #15-201 CITY-ST-ZIP COL.ROMA, DF 06700 CITY-ST-ZIP DIR COLIERCIAL INTORDAM Delete TITLE TITLE NAME NAME YUDI PEREZ STREET ADDRESS STREET ADDRESS 2485 Wast 76 ST APT 106 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an add

SIGNATURE AND T

FILED