
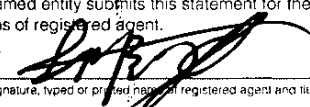
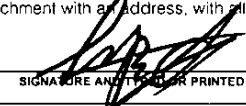


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90015 026 ***158.75

DOCUMENT # P06000047712 1. Entity Name BUX SECURITY SERVICES U.S.A. INC			
Principal Place of Business 871 W OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33311		Mailing Address 871 W. OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33311	
2. Principal Place of Business - No P.O. Box # 800. W. OAKLAND PARK BLVD.		3. Mailing Address 800. W. OAKLAND PARK BLVD.	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State WILTON MANOR, FLORIDA		City & State WILTON MANOR, FLORIDA	
Zip 33311 Country U.S.A.		Zip 33311 Country U.S.A.	
4. FEI Number 20-4862052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01042008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BUX, SHARFARAAZ M 520 NE 20TH STREET STE 613 WILTEH MANNEIR, FL 33305		7. Name and Address of New Registered Agent Name SAME AS NO 6. Street Address (P.O. Box Number is Not Acceptable) " " " " " " " " City " " " " FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUX, SHARFARAAZ M 520 NE 20TH STREET STE 613 WILTEH MANNEIR, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUX, MOHAMED K 8220 SUNRISE LAKES BLVD SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUX, FAROZA K 8220 SUNRISE LAKES BLVD SUNRISE, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	