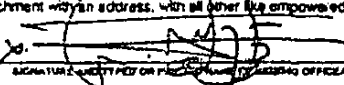


2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-14-2008 90044 027 ***150.00
P06000096113

DOCUMENT # P06000096113			
1. Entity Name SECURITRONIC USA INC.			
Principal Place of Business 3110 S.W. 129TH AV MIAMI, FL 33175		Mailing Address 3110 S.W. 129TH AV MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NAMNUM, JESUS P 3110 S.W. 129TH AV MIAMI, FL 33175		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ Signature, type or printed name of registered agent and not applicable. (NOTE: Registered agent signature is required when submitting)			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAMNUM, JESUS	NAME	
STREET ADDRESS	3110 S.W. 129TH AV	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33175	CITY - ST - ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, LOURDES	NAME	
STREET ADDRESS	3110 S.W. 129TH AV	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33175	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied in 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 files empowered.			
SIGNATURE: 		4/9/08 305-979-4301	
SIGNATURE VERIFIED OR FILED BY _____		DATE _____	

FILED
08 AUG 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082008 Chg-P CR2E034 (12/08)

4. FEI Number **26-0606099** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Rejected in ERROR

JC 8/14