2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# P07000000492

Entity Name: AIRBORNE SECURITY & PROTECTIVE SERVICES, INC.

Current Principal Place of Business:

3550 BISCAYNE BLVD., SUITE 607
MIAMI, FL 33137

New Principal Place of Business:

2001 SE SAILFISH POINT BLVD.,
112
STUART, FL 34996

Current Mailing Address:

3550 BISCAYNE BLVD., SUITE 607
MIAMI, FL 33137

New Mailing Address:

2001 SE SAILFISH POINT BLVD.,
112
STUART, FL 34996

FEI Number: 20-0735911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN-PIERRE, GUY M
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

JEAN-PIERRE & JEAN-PIERRE, LLC
23150C SANDALFOOT PLAZA DRIVE
BOCA RATON, FL 33428 US

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: JEAN-PIERRE & JEAN-PIERRE, LLC 08/24/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEUTSCH, MATHILDA
Address: 3550 BISCAYNE BLVD., SUITE 607
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete
Name: DEUTSCH, GABRIEL
Address: 3550 BISCAYNE BLVD., SUITE 607
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCOZZAFAVA, THOMAS W
Address: 2001 SE SAILFISH POINT BLVD., #112
City-St-Zip: STUART, FL 34996

Title: CEO (X) Change ( ) Addition
Name: SCOZZAFAVA, THOMAS W
Address: 2001 SE SAILFISH POINT BLVD., #112
City-St-Zip: STUART, FL 34996

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: THOMAS SCOZZAFAVA P 08/24/2009
Electronic Signature of Signing Officer or Director Date