


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 035 \*\*\*150.00

<b>DOCUMENT # P07000014027</b>	
1. Entity Name <b>GOVERNMENT INTELLIGENCE AND PROTECTION, INC.</b>	

Principal Place of Business <b>1721 S.W. 19TH STREET APT.6 MIAMI, FL 33145</b>	Mailing Address <b>1721 S.W. 19TH STREET APT.6 MIAMI, FL 33145</b>
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2. Principal Place of Business - No P.O. Box # <b>2050 NW South River Dr</b>	3. Mailing Address <b>2050 NW South River Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33125</b>	Country
	Zip <b>33125</b>
	Country

40056040



05012008 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ALEXIA 1721 S.W. 19TH STREET APT.6 MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2050 NW South River Dr</b> City <b>MIAMI</b> FL Zip Code <b>33125</b>
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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]* **PRESIDENTE** DATE **05-01-08**  
Signature, based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RODRIGUEZ, ALEXIA 1721 S.W. 19TH STREET APT.6 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2050 NW South River Drive</b> <b>MIAMI FL 33125</b> <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
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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]* **05-01-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #

786-443-1253