

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-05-2008 90245 035 ***150.00

DOCUMENT # P07000014027	
1. Entity Name GOVERNMENT INTELLIGENCE AND PROTECTION, INC.	



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

05012008 Chg-P CR2E034 (12/06)

400036040

Barcode

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
RODRIGUEZ, ALEXIA 1721 S.W. 19TH STREET APT.6 MIAMI, FL 33145	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
2050 NW South River Dr	
City	miAMI
FL	33125

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	DPTS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALEXIA		
STREET ADDRESS	1721 S.W. 19TH STREET APT.6		
CITY-ST-ZIP	MIAMI, FL 33145		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-08
786-443-1253