

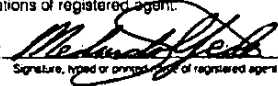
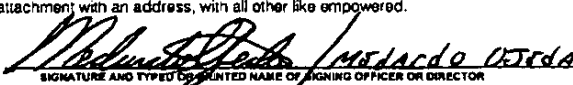
# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-03-2008 90001 021 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P07000043093</b>			
1. Entity Name <b>BUREAU OF DIGNITARY PROTECTION CORP</b>			
Principal Place of Business <b>255 EAST FLAGLER STREET 84/85 MIAMI, FL 33131 US</b>		Mailing Address <b>17094 COLLINS AVE A 203 SUNNY ISLES, FL 33160 US</b>	
2. Principal Place of Business - No P.O. Box # <b>255 EAST FLAGLER STREET</b>		3. Mailing Address <b>P.O. BOX 801902</b>	
Suite, Apt. #, etc. <b>84/85</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI - MIAMI, FLORIDA</b>		City & State <b>AVENTURA, FLORIDA</b>	
Zip <b>33131</b>		Zip <b>33280</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>20-8765791</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OJEDA, MEDARDO 255 EAST FLAGLER STREET 84/85 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA, MEDARDO 17094 COLLINS AVE APT A 203 SUNNY ISLES, FL 33160 <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	VP OJEDA, CONCHITA M 17094 COLLINS AVE APT A 203 SUNNY ISLES, FL 33160 <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
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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: 		05/22/2008 / (505) 505-3359	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

KS