


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 046 ***150.00

DOCUMENT # P07000047013

1. Entity Name
24XSEC, INC.



Principal Place of Business Mailing Address

7832 COLLINS AVENUE, UNIT NO. 605 **7832 COLLINS AVENUE, UNIT NO. 605**
MIAMI BEACH, FL 33141 **MIAMI BEACH, FL 33141**

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



04032008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

26-0818606 Not Applicable

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

6. Name and Address of Current Registered Agent

AMADOR, ERNESTO A
7832 COLLINS AVENUE, UNIT NO. 605
MIAMI BEACH, FL 33141

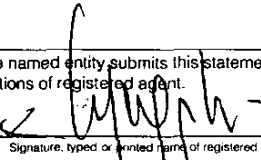
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMADOR, ERNESTO A	NAME	AMADOR, ERNESTO A.
STREET ADDRESS	7832 COLLINS AVENUE, UNIT NO. 605	STREET ADDRESS	7832 COLLINS AVENUE, UNIT NO. 605
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSO, MARIANO G	NAME	SOSA, VICTOR M.
STREET ADDRESS	191 N.W. 97TH AVENUE	STREET ADDRESS	5975 S.W. 137th AVENUE, #701
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI, FL 33183
TITLE	<input type="checkbox"/> Delete	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	RUSSO, MARIANO G
STREET ADDRESS		STREET ADDRESS	191 N.W. 97TH AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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  DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR