
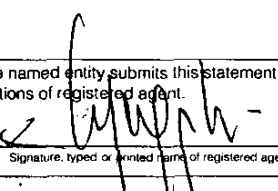


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 7832 COLLINS AVENUE, UNIT NO. 605 MIAMI BEACH, FL 33141			Mailing Address 7832 COLLINS AVENUE, UNIT NO. 605 MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0818606	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADOR, ERNESTO A <input type="checkbox"/> Delete 7832 COLLINS AVENUE, UNIT NO. 605 MIAMI BEACH, FL 33141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, MARIANO G <input type="checkbox"/> Delete 191 N.W. 97TH AVENUE MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUSSO, MARIANO G 191 N.W. 97TH AVENUE MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P AMADOR, ERNESTO A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7832 COLLINS AVENUE, UNIT NO. 605 MIAMI BEACH, FL 33141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, VICTOR M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5975 S.W. 137th AVENUE, #701 MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RUSSO, MARIANO G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 191 N.W. 97TH AVENUE MIAMI, FL 33172				
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"/> Change <input type="checkbox"/> Addition				
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 