2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066554

Entity Name: HIDALGO SECURITY COORDINATORS, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3440 ROSE MALLOW LOOP 17213 WRIGLEY CIRCLE OVIEDO, FL 32766 FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 620508 POST OFFICE BOX 62283 OVIEDO, FL 327620508 FORT MYERS, FL 339062283

FEI Number: 26-0160765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIDALGO, MICHELLE L
3440 ROSE MALLOW LOOP
OVIEDO, FL 32766 US
HIDALGO, MICHELLE L
17213 WRIGLEY CIRCLE
FORT MYERS, FL 33908 US

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.

SIGNATURE: MICHELLE L HIDALGO 03/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PCEO () Delete

 Name:
 HIDALGO, FRANCISCO A

 Address:
 POST OFFICE BOX 620508

 City-St-Zip:
 OVIEDO, FL 327620508

 Title:
 TCFO () Delete

 Name:
 HIDALGO, MICHELLE L

 Address:
 POST OFFICE BOX 620508

 City-St-Zip:
 OVIEDO, FL 327620508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: HIDALGO, FRANCISCO A
Address: POST OFFICE BOX 62283
City-St-Zip: FORT MYERS, FL 339062283

Title: TCFO (X) Change () Addition

 Name:
 HIDALGO, MICHELLE L

 Address:
 POST OFFICE BOX 62283

 City-St-Zip:
 FORT MYERS, FL 339062283

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE L HIDALGO TCFO 03/16/2009