2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068389

Entity Name: U.S. CAPITOL SECURITY INC.

FILED Apr 30, 2008 Secretary of State

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

401 MIRACLE MILE SUITE 106 11655 SOUTH DIXIE HIGHWAY

CORAL GABLES, FL 33134 PINECREST, FL 33156

Current Mailing Address: New Mailing Address:

401 MIRACLE MILE SUITE 106 11655 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33134 PINECREST, FL 33156

FEI Number: 61-1532853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GONZALEZ, JOSE MANUEL
401 MIRACLE MILE SUITE 106
CORAL GABLES, FL 33134 US
GONZALEZ, JOSE MANUEL
11655 SOUTH DIXIE HIGHWAY
PINECREST, FL 33156 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: GONZALEZ, JOSE M Name: GONZALEZ, JOSE M

 Address:
 401 MIRACLE MILE SUITE 106
 Address:
 11655 SOUTH DIXIE HIGHWAY

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 PINECREST, FL 33156

Title: VPST () Delete Title: VPST (X) Change () Addition

Name: LOPEZ, MANUEL Name: LOPEZ, MANUEL

Address: 401 MIRACLE MILE SUITE 106 Address: 11655 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: PINECREST, FL 33156

Name: LOPEZ, MANUEL Name: LOPEZ, MANUEL

Address: 401 MIRACLE MILE SUITE 106 Address: 11655 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: PINECREST, FL 33156

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: JOSE M. GONZALEZ PD 04/30/2008