

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000028799

FILED
Nov 10, 2009
Secretary of State**Entity Name:** AMERITE SECURITY CORP.**Current Principal Place of Business:**9148 BONITA BEACH ROAD SUITE 200
BONITA SP[RINGS, FL 34135**New Principal Place of Business:****Current Mailing Address:**9148 BONITA BEACH ROAD SUITE 200
BONITA SP[RINGS, FL 34135**New Mailing Address:****FEI Number:** 26-2211722**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**MOFFA & GAINOR, P.A.
ONE FINANCIAL PLAZA, SUITE 2202
FORT LAUDERDALE, FL 33394 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: JOSEPH MOFFA

11/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NEGRI, RAMI
Address: 9148 BONITA BEACH ROAD SUITE 200
City-St-Zip: BONITA SP[RINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NEGRI, COREY
Address: 9148 BONITA BEACH ROAD SUITE 200
City-St-Zip: BONITA SP[RINGS, FL 34135

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: COREY NEGRI

PSD

11/10/2009

Electronic Signature of Signing Officer or Director

Date