2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P08000090109

Entity Name: A-SECURA INC.

Current Principal Place of Business:

2500 EAST HALLANDALE BEACH BLVD
SUITE 800
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 EAST HALLLVDANDALE BEACH BLVD
SUITE 800
HALLANDALE BEACH, FL 33009

New Mailing Address:

2500 EAST HALLANDALE BEACH BLVD
SUITE 800
HALLANDALE BEACH, FL 33009

FEI Number: 26-3787332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSHMAN, VICTORIA
20355 NE 34TH COURT
APT 522
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOSHMAN, VICTOIA
Address: 20355 NE 34TH COURT APT 522
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: OLIVA, DAMARIS E
Address: 16750 NE 35TH AVE
City-St-Zip: SUNNY ISLE, FL 33160

Title: D ( ) Delete
Name: ROMAN, LUIS
Address: 1535 SW 131 AVE
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: GARCIA, DIEGO
Address: 20355 NE34TH COURT APT 522
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: GONZALEZ, EDWIN J
Address: 2500 EAST HALLANDALE BEACH SUITE 800
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: KOSHMAN, VICTORIA
Address: 20355 NE 34TH COURT APT 522
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GONZALEZ, EDWIN J
Address: 2500 EAST HALLANDALE BEACH SUITE 800
City-St-Zip: HALLANDALE BEACH BLVD., FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICTORIA KOSHMAN CFO 01/30/2009

Electronic Signature of Signing Officer or Director — Date