

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000101383

FILED
Jun 29, 2009
Secretary of State**Entity Name:** OFFICER CRIME PREVENTION INC**Current Principal Place of Business:**2904 W NASSAU ST
TAMPA, FL 33607**New Principal Place of Business:****Current Mailing Address:**2904 W NASSAU ST
TAMPA, FL 33607**New Mailing Address:****FEI Number:** 26-3707963**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALDONADO, FROYLAN
3113 W PINE ST
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**VALDES, OMAR
2904 W NASSAU ST
TAMPA, FL 33607 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: OMAR VALDES

06/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: VALDES, OMAR
Address: 2904 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: DIR () Delete
Name: MALDONADO, FROYLAN
Address: 3113 W PINE ST
City-St-Zip: TAMPA, FL 33607

Title: DIR (X) Delete
Name: VALDES, ESTRELLA
Address: 2904 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

Title: DIR (X) Delete
Name: MALDONADO, VERENA
Address: 3113 W PINE ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: VALDES, ESTRELLA
Address: 2904 W NASSAU ST
City-St-Zip: TAMPA, FL 33607

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: OMAR VALDES

DIR

06/29/2009

Electronic Signature of Signing Officer or Director

Date