

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047801

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA STATE PROTECTION UNIT, INC.

**Current Principal Place of Business:**

8414 NW 103 ST  
#105  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8414 NW 103 ST  
# 105  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

**FEI Number:** 27-0644546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ODLANIER  
8414 NW 103 ST  
# 105  
HIALEAH GARDENS, FL 33016 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GONZALEZ, ODLANIER  
Address: 8414 NW 103 ST #105  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: ODLANIER GONZALEZ

DP

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date