2006 FOR PROFIT CORPORATION

if changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR) FILED DOCUMENT # P93000040481 Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name OWL PATROL GREAT SECURITY INC. Mailing Address Principal Place of Business 11401 SW 40TH ST 11401 SW 40TH ST **MIAMI FL 33165** MIAMI FL 33165 US US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-0417956 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPINA, JOSE D Street Address (P.O. Box Number is Not Acceptable) 11401 SW 40TH ST **MIAMI FL 33165** Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE Registered Agent signature required when re-instaling) Signature, typed or printed name of registered agent and like if applicable FILE NOW!!! FEE IS \$150.00" 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change ☐ Delete TiTLE TITLE NAME NAME ESPINA, JOSE D U00000543142 05/10/96-80125-022 <u>150.00</u> STREET ADDRESS STREET ADDRESS 11401 SW 40TH ST #350 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Defete TITLE ☐ Change Addition TITLE NAME NAME. VIDAL, ANGEL STREET ADDRESS STREET ADDRESS 11401 SW 40TH ST #350 CUTY-ST-789 CITY-ST-ZIP MIAMI FL 33165 ☐ Change Addition Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TOTALE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and their fly agnature 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11