

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000045764

FILED  
Aug 27, 2009  
Secretary of State

Entity Name: PROTECTIVE PRODUCTS INTERNATIONAL CORP.

**Current Principal Place of Business:**

1649 NORTHWEST 136TH AVENUE  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1649 NORTHWEST 136TH AVENUE  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 59-3187373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, JASON A  
1649 NORTHWEST 136TH AVENUE  
SUNRISE, FL 33323 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: CFO ( ) Delete  
Name: WILLIAMS, JASON A  
Address: 1649 NORTHWEST 136TH AVENUE  
City-St-Zip: SUNRISE, FL 33323 US

Title: VPD ( ) Delete  
Name: AMADOR, DELIA  
Address: 1649 NORTHWEST 136TH AVENUE  
City-St-Zip: SUNRISE, FL 33323 US

Title: D ( ) Delete  
Name: STAFFORD, BRIAN L  
Address: 1649 NORTHWEST 136TH AVENUE  
City-St-Zip: SUNRISE, FL 33323 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CAO (X) Change ( ) Addition  
Name: SCHWARTZMAN, NEIL E  
Address: 1649 NORTHWEST 136TH AVENUE  
City-St-Zip: SUNRISE, FL 33323 US

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

Title: D ( ) Change (X) Addition  
Name: JAUMOT, FRANK  
Address: 1649 NORTHWEST 136TH AVENUE  
City-St-Zip: SUNRISE, FL 33323 US

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: JASON A WILLIAMS

CFO

08/27/2009

Electronic Signature of Signing Officer or Director

Date