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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 NOV 10 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024918378
11/21/03--01019--011 **150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000004008
1. Entity Name
SECURITY OPERATIONS SUPPORT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13200 SW 128th Street Suite, Apt. #, etc. Suite A3		3. Mailing Address The same Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33186	Country	Zip	Country

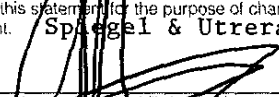
4. FEI Number 65-0805485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Fl.
City Miami, FL Zip Code 33145

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. Spiegel & Utrera, P.A.

SIGNATURE by:  Natalia Utrera, Vice Pres. 11/19/03

Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

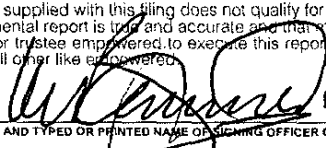
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Norman L. Barnard 13200 SW 128th Street, Suite A3 Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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REINSTATEMENT **03/15**

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like information.

SIGNATURE:  Norman L. Barnard 10/31/03 305-238-2981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034B (12/02)

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**


STATE OF FLORIDA)
)
COUNTY OF)

1. Norman L. Barnard is the President of SECURITY OPERATIONS SUPPORT SERVICES, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 19, 2003.
3. That the Corporation failed to file its 2003 Annual Report or pay the 2003 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003 Annual Report fees and the filing of its 2003 Annual Reports, which are presented simultaneously with this Affidavit.
5. SECURITY OPERATIONS SUPPORT SERVICES, INC.. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 31st day of OCTOBER, 2003

FURTHER, AFFIANT SAYETH NOT

SECURITY OPERATIONS SUPPORT
SERVICES, INC..
By: *Norman L. Barnard*
Norman L. Barnard, President

SWORN AND SUBSCRIBED
before me this 31st day of OCTOBER, 2003

Notary Public, State of Florida at Large
Printed Name: _____
Commission Expires: _____