


Page 1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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



FILED
03 NOV 10 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13200 SW 128th Street Suite, Apt. #, etc. Suite A3 City & State Miami, FL Zip 33186		3. Mailing Address The same Suite, Apt. #, etc. City & State City & State Zip Country	
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800024918378
11/21/03--01019--011 **150.00
DO NOT WRITE IN THIS SPACE

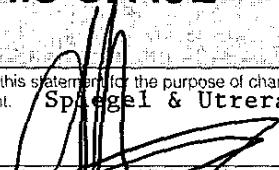
DO NOT WRITE IN THIS SPACE

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	

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

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

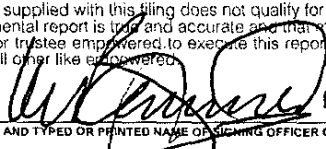
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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 **31/TS**

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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)

