

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 029 ***150.00

DOCUMENT # P98000089034

1. Entity Name
INTERNATIONAL PROTECTION PROFESSIONAL, INC.



Principal Place of Business
**515 SOUTHWEST 12TH AVENUE
SUITE 525-A
MIAMI, FL 33130**

Mailing Address
**5440 SW 143 CT
MIAMI, FL 33175**



2. Principal Place of Business

3. Mailing Address

01272005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0917435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINTERO, JAIME A.
515 SOUTHWEST 12TH AVENUE
SUITE 525-A
MIAMI, FL 33130**

Name **Yolanda Quintero**

Street Address (P.O. Box Number is Not Acceptable)

5440 SW 143 CT

City **Miami**

FL

Zip Code **33175**

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

Yolanda Quintero President

1-28-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** ☒ Delete
NAME **QUINTERO, JAIME ALBERTO**
STREET ADDRESS **515 SW 12TH AVE., SUITE 525-A**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Yolanda Quintero**
STREET ADDRESS **5440 SW 143 CT**
CITY-ST-ZIP **Miami, FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yolanda Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 305)221-4420

Date

Daytime Phone #