2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089034

1. Entity Name
INTERNATIONAL PROTECTION PROFESSIONAL, INC.

Principal Place of Business	Mailing Address
515 SOUTHWEST 12TH AVENUE SUITE 525-A MIAMI, FL 33130	5440 SW 143 CT MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0917435	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, YOLANDA
5440 SW 143 CT
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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

U000000764760
05/31/07-80010-007 150.00
DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINTERO, YOLANDA
STREET ADDRESS	5440 SW 143 CT
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   5/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #