

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000012262
1. Entity Name
 RECON PROTECTIVE SERVICE, INC.

02 MAY 31 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500005763835--4
 -06/12/02--01077--016
 ****308.75 ****308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1957 S.W. 136 Place Suite, Apt. #, etc. Miami, Fla. 33175 City & State		3. Mailing Address P.O. Box 940731 Suite, Apt. #, etc. Miami, Fla. 33194-0731 City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0916333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name: Martha Aguirre
 Street Address (P.O. Box Number is Not Acceptable): 1957 S.W. 136 Place
 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.
 SIGNATURE: Martha Aguirre DATE: 05/21/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AGUIRRE MARTHA 1957 S.W. 136 Place -Miami	TITLE NAME STREET ADDRESS CITY - ST - ZIP	201.25 - AR 10.00 - ARATS
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Aguirre 04/12/02 (305) 551-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #