

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90100 034 ***150.00

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1. Entity Name
SECURITY EXPORT, INC.



Principal Place of Business

10421 NW 28 STREET
SUITE 102
MIAMI, FL 33172

Mailing Address

301-174 ST WINSTON TOWER 500
SUITE 2408
SUNNY ISLES BEACH, FL 33160

44029517

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

18151 NE 31 COURT

Suite, Apt. #, etc.

1403

City & State

AVENTURA - FLORIDA

Zip

33160

Country

US

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0945149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDERO, ALFONSO
8025 NW 36 ST STE 302
MIAMI, FL 33166

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD ☐ Delete
NAME AMASTHA, SAID
STREET ADDRESS 301-174 STREET, SUITE 2408
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE PD ☐ Change ☐ Addition
NAME AMASTHA, SAID
STREET ADDRESS 18151 NE 31 COURT SUITE 1403
CITY-ST-ZIP AVENTURA - FLORIDA 33160

TITLE VD ☐ Delete
NAME RESTREPO, MARIA D
STREET ADDRESS 301-174 STREET, SUITE 2408
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE VD ☐ Change ☐ Addition
NAME RESTREPO, MARIA D.
STREET ADDRESS 18151 NE 31 COURT SUITE 1403
CITY-ST-ZIP AVENTURA - FLORIDA 33160

TITLE TD ☐ Delete
NAME GARCIA, ALFONSO DE A
STREET ADDRESS 18151 NE 31 COURT, APT. 1403
CITY-ST-ZIP AVENTURA, FL 33160

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

TITLE SD ☐ Delete
NAME GARCIA DE ANDA, ODETTE M
STREET ADDRESS 18151 NE 31 COURT, APT. 1403
CITY-ST-ZIP AVENTURA, FL 33160

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

TITLE D ☐ Delete
NAME RESTREPO, LINA MARIA A
STREET ADDRESS 301-174 STREET, SUITE 2408
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE D ☐ Change ☐ Addition
NAME AMASTHA, LINA MARIA
STREET ADDRESS 18151 NE 31 COURT SUITE 1403
CITY-ST-ZIP AVENTURA - FLORIDA 33160

TITLE D ☐ Delete
NAME RESTREPO, JUAN DAVID A
STREET ADDRESS 301-174 STREET, SUITE 2408
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE D ☐ Change ☐ Addition
NAME AMASTHA, JUAN DAVID
STREET ADDRESS 18151 NE 31 COURT SUITE 1403
CITY-ST-ZIP AVENTURA - FLORIDA 33160

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAID AMASTHA PD

Date

04/14/04

Daytime Phone # 305 305 2440