


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90026 032 \*\*\*150.00

<b>DOCUMENT # P99000064173</b> 1. Entity Name <b>SECURITY EXPORT, INC.</b>					
Principal Place of Business <b>10421 NW 28 STREET SUITE 102 MIAMI, FL 33172</b>			Mailing Address <b>18151 NE 31 COURT 1403 AVENTURA, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box # <b>18151 NE 31 COURT #1403</b>			3. Mailing Address Suite, Apt. #, etc. <b>1403</b>		
City & State <b>AVENTURA</b>			City & State <b>AVENTURA</b>		
Zip <b>33160</b>		Country <b>U.S.</b>		4. FEI Number <b>65-0945149</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORDERO, ALFONSO 8025 NW 36 ST STE 302 MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>BOVEA, EDUARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>821 S.W.</b> <b>122 AVE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33184</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMASTHA, SAID 6365 COLLINS AVE SUITE 3909 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RESTREPO, MARIA D 6365 COLLINS AVE SUITE 3909 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, ALFONSO DE A 18151 NE 31 COURT, APT. 1403 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA DE ANDA, ODETTE M 18151 NE 31 COURT, APT. 1403 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMASHTA, LINA MARIA 18151 NE 31 COURT SUITE 1403 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMASHTA, JUAN DAVID 18151 NE 31 COURT SUITE 1403 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>02/14/07 (305) 305 3411</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					