2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064173

Entity Name: SECURITY EXPORT, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
18151 NE 31ST CT.				6365 COLLINS AVE		
1403 AVENTURA, FL 33160				3909 MIAMI BEACH, FL 33141 US		
Current Mailing Address:				New Mailing Address:		
18151 NE 31 COURT				6365 COLLINS AVE		
1403 AVENTURA, FL 33160		US		3909 MIAMI BEACH, FL 3314		US
FEI Number: 65-0945149 FEI Number Applied For () FEI N		FEI Nun	Imber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	w Registered Agent:
EDUARDO 821 122ND MIAMI, FL	AVE.					
	named entity s of Florida.	ubmits this statement for the pu	urpose o	f changing it	ts registered off	ice or registered agent, or both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered Ager	nt			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AMASTHA, SAID	AVE SUITE 3909		Title: Name: Address: City-St-Zip:	()(Change ()Addition
Title: Name: Address: City-St-Zip:	RESTREPO, MA	AVE SUITE 3909		Title: Name: Address: City-St-Zip:	()(Change()Addition
Title: Name: Address: City-St-Zip:	GARCIA, ALFON	DURT, APT. 1403		Title: Name: Address: City-St-Zip:	DE ANDA, ALFO	YSHORE DR SUITE 3407
Title: Name: Address: City-St-Zip:	GARCIA DE ANI	DURT, APT. 1403		Title: Name: Address: City-St-Zip:	GARCIA DE AND	YSHORE DR. SUITE 3407
Title: Name: Address: City-St-Zip:	AMASHTA, LÌNA	DURT SUITE 1403		Title: Name: Address: City-St-Zip:	AMASHTA, LÌNA I	YSHORE DR. SUITE 3407
Title: Name: Address: City-St-Zip:	AMASHTA, JÙÁI	DURT SUITE 1403		Title: Name: Address: City-St-Zip:	D (X) C AMASHTA, JUAN 6365 COLLINS A MIAMI BEACH, F	VE SUITE 3909

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO BOVEA ACCT 01/23/2008