2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# P99000064173

Entity Name: SECURITY EXPORT, INC.

Current Principal Place of Business:

6365 COLLINS AVE
3909
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

6365 COLLINS AVE
3909
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 65-0945149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDUARDO, BOVEA
821 122ND AVE.
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMASTHA, SAID
Address: 6365 COLLINS AVE SUITE 3909
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete
Name: RESTREPO, MARIA D
Address: 6365 COLLINS AVE SUITE 3909
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete
Name: DE ANDA, ALFONSO G
Address: 1800 NORTH BAYSHORE DR SUITE 3407
City-St-Zip: MIAMI, FL 33137 US

Title: SD ( ) Delete
Name: GARCIA DE ANDA, ODETTE M
Address: 1800 NORTH BAYSHORE DR. SUITE 3407
City-St-Zip: MIAMI, FL 33137 US

Title: D ( ) Delete
Name: AMASHTA, LINA MARIA
Address: 1800 NORTH BAYSHORE DR. SUITE 3407
City-St-Zip: MIAMI, FL 33137 US

Title: D ( ) Delete
Name: AMASHTA, JUAN DAVID
Address: 6365 COLLINS AVE SUITE 3909
City-St-Zip: MIAMI BEACH, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SAID AMASHTA MR. 03/08/2009

Electronic Signature of Signing Officer or Director Date