

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10522

FILED
Apr 17, 2009
Secretary of State

Entity Name: ACTIVE PROTECTIVE SERVICES, INC.

Current Principal Place of Business:

8252 N.W. 70 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

4902 SW 72ND AVENUE
MIAMI, FL 33155 US

Current Mailing Address:

PO BOX 330821
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0318998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL PINO, DIEGO SR.
8252 N.W. 70 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DEL PINO, DIEGO SR.
4902 SW 72ND AVENUE
MIAMI, FL 33155 US

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

04/17/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL PINO, DIEGO R
Address: 4407 ANDERSON RD
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: DEL PINO, DIEGO SR.
Address: 5101 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DIEGO R DEL PINO

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date