
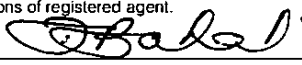
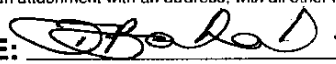


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 043 ***150.00

DOCUMENT # P04000087563			
1. Entity Name SECURE INTERNATIONAL CORPORATION			
Principal Place of Business 5906 NW 15TH CT. SUNRISE, FL 33313-4737		Mailing Address 5906 NW 15TH CT. SUNRISE, FL 33313-4737	
2. Principal Place of Business 221 NE 33rd Street		3. Mailing Address 221 NE 33rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK FLORIDA.	
Zip 33334	Country USA	Zip 33334	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAHAL, DEVINDRA 5906 NW 15TH CT. SUNRISE, FL 33313-4737		Name DEVINDRA BAHAL Street Address (P.O. Box Number is Not Acceptable) 221 NE 33rd Street City OAKLAND PARK FL Zip Code 33334	
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: 		DATE: 27th May 2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstating)	
FILE NOW!!! FEE IS \$350.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME BAHAL, DEVINDRA	TITLE Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BAHAL, DEVINDRA
STREET ADDRESS 5906 NW 15TH CT.	CITY-ST-ZIP SUNRISE, FL 333134737	STREET ADDRESS 161 NE 38th Street	CITY-ST-ZIP FT LAUDERDALE, FL 33334
TITLE V <input type="checkbox"/> Delete	NAME HARRIPARSAD, LOMAS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 5906 NW 15TH CT.	CITY-ST-ZIP SUNRISE, FL 333134737	STREET ADDRESS 	CITY-ST-ZIP
TITLE VT <input type="checkbox"/> Delete	NAME SAMAROO, ANDREA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 5906 NW 15TH CT.	CITY-ST-ZIP SUNRISE, FL 333134737	STREET ADDRESS 	CITY-ST-ZIP
TITLE S <input type="checkbox"/> Delete	NAME BAHALOO, DEVANAND <i>Correction</i>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BAHAL, DEXANAND
STREET ADDRESS 5906 NW 15TH CT.	CITY-ST-ZIP SUNRISE, FL 333134737	STREET ADDRESS 5906 NW 15th COURT.	CITY-ST-ZIP SUNRISE, FL 33313
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		DATE: 27-05-05 DAYTIME PHONE #: 954 913 3015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	