

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90003 040 ***150.00



DOCUMENT # P04000087563
 1. Entity Name
SECURE INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
 221 NE 33RD STREET 221 NE 33RD STREET
 OAKLAND, FL 33334 US OAKLAND, FL 33334 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4000-
 04032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
 BAHAL, DEVINDRA
 221 NE 33RD STREET
 FORT LAUDERDALE, FL 33334

4. FEI Number Applied For
 20-1219623 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *[Signature]* DATE: 04-03-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAHAL, DEVINDRA	
STREET ADDRESS	161 NE 38TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIPARSAD, LOMAS	
STREET ADDRESS	5906 NW 15TH CT.	
CITY-ST-ZIP	SUNRISE, FL 333134737	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BAHAL, DEVANAND	
STREET ADDRESS	5906 NW 15TH CT.	
CITY-ST-ZIP	SUNRISE, FL 333134737	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAHALOO, DEVANAND	
STREET ADDRESS	5906 NW 15TH CT.	
CITY-ST-ZIP	SUNRISE, FL 333134737	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	CAMAROD, ANDREA	
CITY-ST-ZIP	5906 NW 15th Court SUNRISE FL 33313-4737	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* DATE: 04-03-06 DAYTIME PHONE #: 954 565 5214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #