## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000135225

ANGEL, MARCO

MIAMI, FL 33131

701 BRICKELL AVENUE, STE 1650

Name:

Address:

City-St-Zip:

FILED May 16, 2007 Secretary of State

Entity Na	me: PROTEC	CION PLENITUD, INC.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
701 BRICK SUITE 165 MIAMI, FL					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
701 BRICK SUITE 165 MIAMI, FL					
FEI Number	: 20-3584629	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
J. DAVID PENA, P.A. 701 BRICKELL AVENUE SUITE 1650 MIAMI, FL 33131 US			501 NE 1ST AVEI SUITE 201	BARON, RICHARD 501 NE 1ST AVENUE SUITE 201 MIAMI, FL 33132 US	
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: RICHARD BARON				05/16/2007	
	Electror	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OQUENDO, JA	AVENUE, STE 1650	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OQUENDO, MA	AVENUE, STE 1650	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TORO, CARLO	AVENUE, STE 1650	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	s ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD BARON RΑ 05/16/2007