2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000112778

1. Entity Name
FLORIDA BUDGET ALARM'S INC.

Principal Place of Business	Mailing Address
2441 ALLAN ADALE ROAD MELBOURNE, FL 32935	2441 ALLAN ADALE ROAD MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

03232004   No Chg-P   CR2E034 (10/03)

4. FEI Number
52-2324333

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIPOSTA, SAMUEL L
2441 ALLAN ADALE ROAD
MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	1100000097234 03/26/04-80032-007 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PO
NAME	RIPOSTA, SAMUEL L
STREET ADDRESS	2441 ALLAN ADAG ROAD
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____*Samuel L Riposta*_____   3/23/04   321-726-8005

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