

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 20, 2006 8:00 am
Secretary of State

03-06-2006 90020 006 ***150.00

DOCUMENT # P04000030761

1. Entity Name
ALARM COMMUNICATIONS CONSULTANTS INC.



Principal Place of Business Mailing Address

4905 SW 144 CT 4905 SW 144 CT
 MIAMI, FL 33175 MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
84-1639121 Not Applicable

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

6. Name and Address of Current Registered Agent

NICARAGUA, ADOLFO H
4905 SW 144 CT
MIAMI, FL 33175

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

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NICARAGUA, ADOLFO H
STREET ADDRESS	4905 SW 144 CT
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	V
NAME	ARCIA, ANGEL W
STREET ADDRESS	10280 SW 6 ST
CITY- ST- ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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]* 4-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #