


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 038 ***150.00

DOCUMENT # P05000028804 1. Entity Name SECURITY ONE MONITORING, INC.					
Principal Place of Business 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309			Mailing Address 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 3880 Sheridan St		3. Mailing Address 3880 Sheridan St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number NOT APPLICABLE	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KTGS REGISTERED AGENT CORPORATION 100 S.E. 2 STREET STE 2800 MIAMI, FL 33131-2144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES <input type="checkbox"/> Delete 5775 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3880 Sheridan St Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>J. Pasquarello</i> vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-12-07 954 983 2990 <small>Date Daytime Phone #</small>		