

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004978

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: COMMUNICATIONS AND ALARM SERVICES CORP.

**Current Principal Place of Business:**

10223 GLACIER CT  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

10223 GLACIER CT  
ORLANDO, FL 32821

**New Mailing Address:**

FEI Number: 26-1730958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PONCE, MARISOL  
1290 9TH ST  
APT #506  
DAYTONA BEACH, FL 32117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PONCE, MARISOL  
Address: 1290 9TH ST APT #506  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VP ( ) Delete  
Name: PONCE, RAMIRO  
Address: 10223 GLACIER CT  
City-St-Zip: ORLANDO, FL 32821

Title: S ( ) Delete  
Name: PONCE, RAMONA  
Address: 10223 GLACIER CT  
City-St-Zip: ORLANDO, FL 32821

Title: T ( ) Delete  
Name: PONCE, MIRIAM  
Address: 10223 GLACIER CT  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARISOL PONCE

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date