

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90001 017 \*\*\*150.00

**DOCUMENT # P03000003120**

1. Entity Name  
**ALARM-DISH-TELECOMMUNICATIONS CORP.**



Principal Place of Business  
**15420 SW 75 CIRCLE LANE, STE. 203  
MIAMI, FL 33193**

Mailing Address

*R*

**Carlos H. Rodriguez  
2121 SE 17th Ave  
Homestead, FL 33035-2244**

2. Principal Place of Business  
**2121 SE 17 AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2121 SE 21 AVENUE**  
Suite, Apt. #, etc.



07172004 Chg-P CR2E034 (10/03)

City & State  
**HOMESTEAD FL**  
Zip  
**33035** Country  
**USA**

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**HOMESTEAD FL**  
Zip  
**33035** Country  
**USA**

4. FEI Number  
**06-1670405** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, CARLOS H  
15420 SW 75 CIRCLE LANE, STE. 203  
MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name  
**RODRIGUEZ, CARLOS H**  
Street Address (P.O. Box Number is Not Acceptable)  
**2121 SE 17 AVENUE**  
City  
**HOMESTEAD FL** Zip Code  
**33035**

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

**07-19-04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CARLOS H 15420 SW 75 CIRCLE LANE, STE. 203 MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLO, MARIA H 15420 SW 75 CIRCLE LANE, STE. 203 MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CARLOS H. 2121 SE 17 AVENUE HOMESTEAD, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLO, MARIA H. 2121 SE 17 AVENUE HOMESTEAD, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**07-19-04**