

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107338

**Entity Name:** ALARM PLUS, INC.

**Current Principal Place of Business:**

18911 COLLINS AVE  
# 1907  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18911 COLLINS AVE  
# 1907  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 52-2075940

**Certificate of Status Desired:** No

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

ZALKIND, ROSTISLAVE ESQ  
2323 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ZALKIND, BORIS  
Address        18911 COLLINS AVE, #1907  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP, DIRECTOR  
Name            ZALKIND, JANNA  
Address        18911 COLLINS AVE, #1907  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby 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 all other like empowered.*

**SIGNATURE:** BORIS ZALKIND

**PRESIDENT**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date