

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10262007 Chg-P CR2E034 (12/06)

DOCUMENT # 424632 1. Entity Name FLORIDA BURGLAR ALARM, INC.					
Principal Place of Business 9821 NW 26 ST. MIAMI, FL 33172			Mailing Address P.O. BOX 226228 MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box # 10240 S.W. 41 TERR			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL.			City & State		
Zip 33165		Country USA		Zip	
Country		Country		4. FEI Number 59-1556476	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JESUS 9821 NW 26TH ST MIAMI, FL 33172			7. Name and Address of New Registered Agent Name ANTONIO D. ALFONSO Street Address (P.O. Box Number is Not Acceptable) 10240 S.W. 41 TERR City MIAMI FL 33165		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 10-29-07 <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Amended AR is \$61.25			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	P GONZALEZ, JESUS 9821 NW 26TH STREET MIAMI, FL 33172		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P & S ANTONIO D. ALFONSO 10240 S.W. 41 TERR. MIAMI, FL. 33165		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 10-29-07 DAYTIME PHONE # 305-984-0412		

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Agudo Law P.A.

Requestor Name

Address

City State ZIP Phone

CORPORATION(S) NAME

Florida Burglar Alarm, Inc.
424632

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DIVISIONS
TAL. AIA. ILL. FLORIDA



Empire Toll Free: 1-800-432-3028

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|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier