

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K62030**

1. Entity Name  
**ALPHA SECURITY & FIRE ALARM SERVICES, INC.**



Principal Place of Business  
**6201 NW 12 CT  
SUNRISE, FL 33313 US**

Mailing Address  
**C/O GERALD E. PINNOCK AND WILMA PINNOCK  
P.O. BOX 121356  
FT. LAUDERDALE, FL 33312 US**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0101940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PINNOCK, GERALD E. AND WILMA PINNOCK  
6201 N.W. 12TH COURT  
SUNRISE, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PINNOCK, GERALD E.
STREET ADDRESS	6201 N.W. 12TH COURT
CITY- ST- ZIP	SUNRISE, FL
TITLE	STD
NAME	PINNOCK, WILMA
STREET ADDRESS	6201 N.W. 12TH COURT
CITY- ST- ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/22/07-80048-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]* GERALD PINNOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3/8/07 X 984-587-6943**

Date

Daytime Phone #