
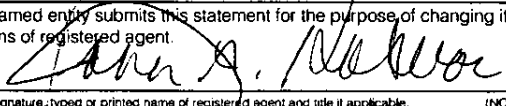
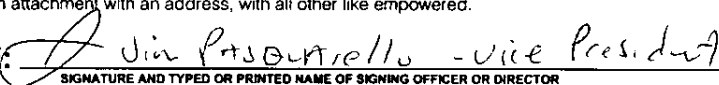


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90079 047 \*\*\*150.00

<b>DOCUMENT # P00000111745</b>			
1. Entity Name <b>SECURITY ONE MONITORING SERVICES, INC.</b>			
Principal Place of Business <b>5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business - No P.O. Box # <b>3880 Sheridan St</b>		3. Mailing Address <b>3880 Sheridan St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hollywood, FLA</b>		City & State <b>Hollywood, FLA</b>	
Zip <b>33021</b>	Country <b>USA</b>	Zip <b>33021</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>NEWMAN, ROBERT 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>John Kasbar</b> Street Address (P.O. Box Number is Not Acceptable) <b>3880 Sheridan St</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>	
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  DATE <b>3/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD NEWMAN, ROBERT 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, Robert 3880 Sheridan St Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES A 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES A 3880 Sheridan St Hollywood, FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  <b>Jim Pasquarello - Vice President</b>		Date <b>3-12-07</b> Daytime Phone # <b>954-983 2990</b>	

40000000



03122007 Chg-P CR2E034 (12/06)

4. FEI Number **65-1093610** Applied For ☐ Not Applicable

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