

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 048 ***150.00

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|--|--|---|--|---|-----------------|
| DOCUMENT # P01000001731 1. Entity Name THE ALARM DEPOT OF SOUTH FLORIDA, INC. | | | | | |
| Principal Place of Business 829 MAJORCA AVENUE CORAL GABLES, FL 33134 | | | Mailing Address 829 MAJORCA AVENUE CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business 1825 Ponce de Leon Blvd | | 3. Mailing Address 1825 Ponce de Leon Blvd | | | |
| Suite, Apt. #, etc. #174 | | Suite, Apt. #, etc. #174 | | | |
| City & State Miami, Florida | | City & State Miami, Florida | | | |
| Zip 33134 | | Country U.S.A. | | 4. FEI Number 65-1068223 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LEONARDO F. BRITO, P.A. NATIONSBANK TOWER 100 SE 2ND STREET SUITE 3850 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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: (NOTE: Registered Agent signature required when reinstating) DATE: 1/28/2004 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | PSTD PROENZA, PAUL 829 MAJORCA AVENUE CORAL GABLES, FL 33134 <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 | VICE President. PROENZA, Mariene 829 MAJORCA AVE CORAL GABLES, FL 33134 <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 | |
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| 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 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 affidavit with all other like empowered. | | | | | |
| SIGNATURE: | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |