2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 8:00 am Secretary of State 05-09-2005 90280 048 ***150.00

DOCUMENT # P01000021710 1. Eruty Name MX ALARMS, INC.						03-09-2003 90280 048 ** 130.00				
Principal Place	e of Business	Mailin	g Address			7				
60 NW 176	TH STREET		160 NW 176TH STREET				~			
400 Miami, Fl 33169		400 Mian	MIAMI, FL 33169			A nephabi na banda nephabina dana daga daha bera kela kela kela jara kela daha daha daha				TIE O TER
t. Principal Place of Business			3. Mailing Address				03212005 Chg-P CR2E034 (10/03)			
Suite, Apl. #, etc.			Suite, Apt. #, etc.							
City & State		City	& State			4. FEI Number 65-1097810		Applied For Not Applicabl		
Zip	Country	Zip	Zip		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Registers	ed Agent			7. Name and	Address of New F			
OUSKII 4	A, ERIC JAACOV		<u> </u>	سيده بيورست	- Namo					
60 NW 17	6TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
00	22160									
MAMI, FL	33169				City			FL	Zip Cod	8
The shows	named entity submits this stateme	ant for the sure	orana of abandanis		ad affine an equipment		ah in the Case of Ch		Farattan mist	
	ions of registered agent.	an ioi me puip	iosa or crianging it	s rogistart	ad onico or registe	areo ageru, or oo	ui, ei uie allie oi rii	onoa. Tam	taminar wun,	and accept
IGNATURE.	Signatura, typed or printed name of registered	Agent and bits if age	olicable. INO	TE: Recrusture	d Agent signature require	ed when constantion		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	, ,	Election Campa Trust Fund Cor		ncing \$5	0.00 May Be ded to Fees				į
0.	OFFICERS	AND DIRECTO	PRS	. 11.		ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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AME BOUSKILA, ERIC JAACOV IRELT ADDRESS 160 NW 176TH STREET				RAM	E ET ADDRESS					
Y-ST-ZIP	MIAMI, FL 33169				-ST-ZIP					Ì
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2. I hereby indicated of the co-	certify hat the information supplied ton this report of supplemental reprovation of the receiver or trustee , or on an attackment with an addit	d with this filing out is true and empowered to ess, with all oth	does not qualify for accurate and that execute this reported her like empowered	or the exe my signa rt as requi d.	mption stated in S ture shall have the red by Chapter 60	ection 119.07(3): same legal effector, Florida Statute	(i), Florida Statutes. It as if made under is; and that my nam	l further cer oath; that i e appears	ntify that the in arm an officer in Block 10 or	nformation or director r Block 11 if
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3IGNAT	TURE:						1 20016	1 100)	