

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000023490

1. Entity Name
E. SECURITY ALARM SYSTEMS, INC.



Principal Place of Business

13727 SW 152 ST.
NO. 342
MIAMI, FL 33155

Mailing Address

13727 SW 152 ST.
NO. 342
MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1081535** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J
7951 S.W. 40TH STREET
SUITE 206
MIAMI, FL 33155

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000276836
03/26/05-80005-007 150.00

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME PEART, JACQUELINE A
STREET ADDRESS 7951 SW 40TH ST., #206
CITY-ST-ZIP MIAMI, FL 33155

TITLE PST
NAME MUIRHEAD, ERNEST
STREET ADDRESS 7951 SW 40TH ST STE 206
CITY-ST-ZIP MIAMI, FL 331760827

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

3/21/05 305-261-0251