
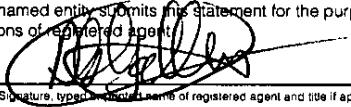
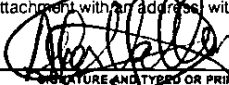


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 041 \*\*\*150.00

<b>DOCUMENT # P02000017574</b> 1. Entity Name <b>DETECTALARM USA, CORPORATION</b>					
Principal Place of Business <b>5960 NW 99 AVE UNIT 1 MIAMI, FL 33178</b>			Mailing Address <b>520 BRICKELL KEY DR #305 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number <b>03-0388518</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  <b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Money trust &amp; company, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13170 SW 128 Street # 206.</b> City <b>Miami</b> FL      Zip Code <b>33186</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>2-25-08</b> <small>Signature, typed 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, 2008 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	D MOGOLLON, ALEXIS 12908 SW 133RD COURT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mogollon Alexis 5960 NW 99 AVE. Unit 1 Miami FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADOLFO-MOGOLLON, GUSTAVO 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mogollon Gustavo Adolfo 5960 NW 99 AVE. Unit 1 Miami FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARAUJO, NORA 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Araujo, Nora 5960 NW 99 AVE. Unit 1 Miami FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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>Alexis Mogollon</b>			Date: <b>2-25-08</b> Daytime Phone #		