

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017574

FILED
Apr 16, 2009
Secretary of State

Entity Name: DETECTALARM USA, CORPORATION

Current Principal Place of Business:

5960 NW 99 AVE
UNIT 1
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

520 BRICKELL KEY DR #305
MIAMI, FL 33131

New Mailing Address:

5960 NW 99 AVENUE
UNIT 1
MIAMI, FL 33178

FEI Number: 03-0388518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONEY TRUST & COMPANY, INC
13170 SW 128 STREET #206
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MONEY TRUST
14335 SW 120 STREET
108
MIAMI, FL 33186 US

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.

SIGNATURE: MONEY TRUST

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOGOLLON, ALEXIS
Address: 5960 NW 99 AVE UNIT 1
City-St-Zip: MIAMI, FL 33178

Title: P () Delete
Name: MOGOLLON, GUSTAVO
Address: 5960 NW 99 AVE UNIT 1
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: ARAVJO, NORA
Address: 5960 NW 99 AVE UNIT 1
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MOGOLLON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date